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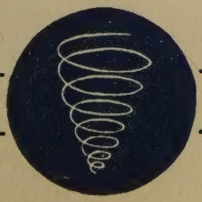
Frontiers of Hypnosis



NTS

Vol. 6, No. 4; Autumn 1958

EDITORIAL:

NEW PATTERNS OF HEALING

HYPNOSIS, as Frederic W. H. Myers wrote in *Human Personal and Its Survival of Bodily Death,* "is too often presented as thou it comprised a quite isolated group of phenomena" and "until it more definitely correlated with other phases of personality, it c hardly occupy the place which it merits in any psychological schem The accuracy of these words has not changed in the half-century th has elapsed since their publication. And, although hypnosis is t one field of interest to psychical researchers that has been accept most widely by the scientific and lay communities, its workings a effects remain areas of varying degrees of ignorance.

Hypnosis is now used in internal medicine, surgery, anesthesiolo dermatology, obstetrics and gynecology, psychiatric treatment of chi ren and adults, in dentistry and several other fields. Hypnosis l created new patterns of healing. But with the challenges it presen come problems as yet unsolved. This may be partly due to the fa that medical men have oftentimes held themselves aloof fr dealing with the complex underlying psychic problems in an illne this has been done, one feels, on the partly justifiable assumption th these questions belong to other fields of study. However, medici has been increasingly compelled by the over-all needs of humani in this hazardous time of mental stress for all, to borrow from outsi fields. Psychiatry has helped itself from the treasure house of expe mental psychology and has, to a large extent, come to regard the co plex study of hypnosis, and even of psychic phenomena, in relation psychopathology.

This is good in theory; in practice, these fields have no hard and f boundaries. Hypnosis shows transitional patterns which point in t directions: the underlying psychic self and its boundless energies; a the relation of this self to the entire nervous system. The unmistak able features of many deep-seated neuroses are psychic and buri deep within the subconscious. Their cure often calls for explorati

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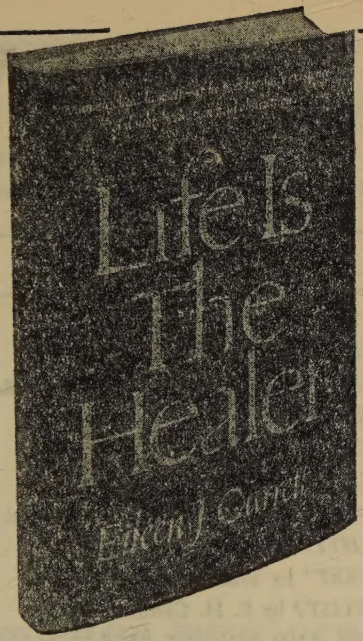

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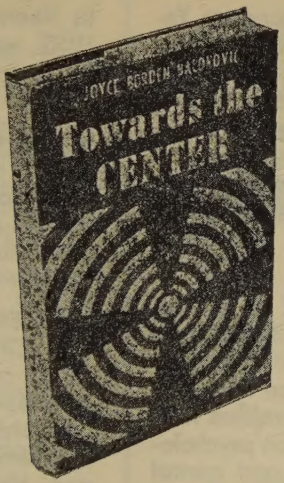

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pnosis, a baffling phenomenon, has appeared in many social rbs, some of them strange and humorous, others scientific

YPNOSIS HROUGH HISTORY

An Editorial Report

CHILD Hypnotized in Heart Surgery"; "Pitcher Don Newcombe Overcomes Air Fear Through Hypnosis"; "Bridey Murphy gue Sweeps the Country." These and similar headlines could be n in newspapers frequently in the last year or two. It would be ong to claim that hypnotism is a current "craze" in the United States. t it is true that there is a very widespread interest in the subject v.

This interest is not limited to popular or amateur experimentation, shown by other headlines: "Pope Approves Anesthetics and Hyp-is" (Feb. 24, 1958); "American Medical Association Approves port on Hypnosis" (June 26, 1958); "Dentist's Parley Sees Film on pnosis" (Dec. 7, 1956). Interest in hypnosis has waxed and waned ny times during the two centuries since Anton Mesmer attempted bring it to acceptance by medical and scientific authorities of his . But knowledge of and interest in hypnosis has never been com-tely dead.

The connection between social customs and the appearance of hyp-is will be noted in this introductory article. The history of notism can be viewed in four general periods: (a) pre-scientific primitive hypnosis; (b) Anton Mesmer and his followers in "ani-

mal magnetism"; (c) the nineteenth century users of "mesmerism" a the origination of the term "hypnotism" by James Braid in 1841; a (d) hypnosis since 1893, when its use was reported by Sigmund Fre and Joseph Breuer.

The popular concept of hypnosis is limited to simple setting: t people are involved, a hypnotist and a person who is being hypnotize the hypnotist places the subject in a trance and utters comman so compelling that the subject cannot avoid carrying them out, ev against his will.

In reality, the hypnotist-subject relationship is less dramatic. Hy nosis, according to modern practices, is more of a cooperative aff than a "slave-and-master" relationship. In effect, the hypnotist m say, "Now then, let us work on this problem together, and see if cannot solve it . . ." (The problem may range from anesthesia in dentist's chair to an effort to reduce excessive smoking, help cu stuttering or to control alcoholism.)

There are few instances in the history of man that strictly paral the modern conception of hypnosis. However, the elements includ in hypnosis—trance, influence of a person by suggestion and bod changes effected during a sleep-like state—can be traced to places a times as varied as the trance of an Indian yogi or fakir, the mysti experience of a saint in the Middle Ages or the seemingly interminal dance to the beat of tom-toms of African natives and South S Islanders.

Healers and Dancers

IN ancient Greece, the healing arts practiced during sleep, at t temples of the god Asclepius, included practices related to hypno The all-night dances of American Indians before a war party involv self-hypnosis and group hypnosis. Dancing to the monotonous beat drums, an Indian brave would chant, in effect, "I am a great hunte "I am a great warrior," and then go forward to face danger w heightened courage.

Probably of all pre-scientific practices, that most closely rela to modern hypnosis is the art of the witch doctor, shaman or medic man, who combined his magic "powers" with the limited medici aids known to him. In the direct contact of the native healer and "patient," suggestion, trance and the repeated phrases of the hypno are used. These elements can be found in many cultures conside as religious ecstasy, or witchcraft, depending on the place and ti

The true history of hypnosis begins about 1500, with Paracelsus, distinguished mid-European physician, whose medical practices included a straight mixture of science, astrology, alchemy and hypotic procedures. In the 1660's, an Irish healer, Valentine Greatrakes, created a stir in London, and his methods were examined by the medical authorities. Both men suffered from the criticism and opprorium of the men who sat in judgment on them.

It was not until Franz Anton Mesmer began using what he called animal magnetism" in his Vienna medical practice about 1768, that ypnosis made a demand for scientific recognition. Although Mesmer vas to a great extent discredited—he left Paris in 1785, and lived in etirement until his death in 1815—the conclusions of the French Royal Committees that examined his claims were similar to the pinions many experts would have about Mesmer's theories today.

The committee, which included the American inventor and statesnan, Benjamin Franklin (then in France to gain support for the American Revolution), the chemist Antoine Lavoisier, the historian ean Sylvain Bailly, and the inventor of the "painless method of execution" Dr. Joseph-Ignace Guillotin, rejected the theory of a "univeral fluid" that responds to "magnetism." They recognized the possibility f one person producing the effects of "magnetism" on another, but ttributed the resulting cures to "the effects of imagination," disclaiming the existence of "animal magnetism." (If we substitute the erms "hypnotism" for "magnetism," and "psychosomatic factors" for the effects of imagination," we approximate the position held by nany authorities today.)

Rationalism versus "Influence of the Planets"

IT IS clear, in retrospect, that it was not the facts of hypnosis, as such, that caused the disrepute of Mesmer, but all the extra trapings and semi-superstitious elements included in "mesmerism." Mesner was very much a product of his time. He reflected popular, scienific and philosophical ideas of the eighteenth century. After all, it vas only about 1600 that men like Sir Francis Bacon and Galilei Galileo were beginning to insist on a truly scientific approach to the vorld around us. Important thinkers had until then tended to rely n the authority of the "first scientists"—Plato, Aristotle and other Greek and Roman philosophers.

The cosmology of the Middle Ages related the motions of the planets to the lives of human beings. Mesmer's doctoral dissertation,

written in Vienna in 1766, *De Planetarum Influx* (*On the Influence of the Planets*), owed the greater part of its ideas to the treatise of the famous English physician, Richard Mead, entitled *De Imperio Solis et Lunae in Corpora Humana* (*The Power of the Sun and Moon on the Human Body*) published in 1704. Mesmer, in addition to his Doctor of Medicine degree, earned a doctorate in philosophy; he also studied jurisprudence. He was acquainted with the best knowledge of his time.

The compass needle and magnetized iron (lodestone) had been known since ancient times. The mysterious attracting and repelling action of two magnets and the knowledge that the earth was apparently "one huge magnet," since a suspended needle any place on the earth would point north and south, could be used to support astrological views. The Leyden jar, invented in 1745—a glass jar containing water capable of storing electricity and giving a shock when touched—closely resembles the *bacquet*, around which Mesmer placed his patients.

In explaining the source of these mystifying forces, Mesmer claimed the existence of a "Universal Fluid, found in all heavenly bodies, the earth and animated bodies." This idea must have seemed quite logical to Mesmer's followers who could "feel" the mysterious fluid moving about in their bodies, as they held on to the rods and wires of the *bacquet*, subjected themselves to the "magnetizing" passes of Mesmer's hands and stared into his "fascinating" eyes in the company of the many other devotees frequenting his lavishly furnished establishments.

The Rage of Vienna and Paris

MESMER did many things to embellish the effect. He moved about among his patients attired in the violet robes of the magician, with a wand in his hand, bestowing a touch here, a glance there, and giving personal consultations when necessary. His clientele was feminine in the majority and his personal good looks probably played no small part in the appeal of the treatments. His acquaintances included court personalities and the composer Wolfgang Mozart and his family. King Louis XVI, Queen Marie Antoinette and Empress Maria Theresa of Austria were interested in his treatments and theories. Before his downfall, he was the rage of Vienna first, and Paris second.

The popularity of Mesmer's treatment was not an isolated phenomenon, however. In this same period, the Rosicrucian and Free Mason movements were also enjoying a great vogue. At the same time, the

ke "Count" Cagliostro and his attractive wife traveled all over rope, selling love philtres, practicing magnetism and necromancy, d inducting the credulous into their own religious movement—"The der of Egyptian Masonry." In contrast, the rationalism of Voltaire, usseau and others was leading to the French Revolution at the end the century.

"Animal magnetism" failed to gain scientific approbation, but writers d learned men, especially in Germany and Central Europe, con-ued to debate its role for at least half a century. Hypnotism itself s usually called "mesmerism" for many years.

Many of the events in the history of hypnotism in the next (the neteenth) century are related in other contributions to this issue see articles by Jule Eisenbud and Allan Angoff). By and large, e task confronting nineteenth century investigators was the defining d separation of the various capacities, including many of the ychical effects now studied in parapsychology—clairvoyance, tele-thy, precognition and healing—which had been lumped together the effects of mesmerism.

In Mesmer's treatment, the patient was thrown into a convulsion, hich was considered to be the "crisis" of the ailment. Upon recover-g from the crisis, the ailment was expected to be improved. However, disciple of Mesmer, the Marquis de Puységur, when trying the ethod on a young shepherd, named Victor, discovered the sleep-alking state, called "somnambulism," instead of the expected con-lsion. This "sleep-walking trance" has been continued as the easiest ay to induce hypnosis.

In the first half of the nineteenth century, the use of hypnosis in edicine, as an anesthetic during operations, was begun. From 45 to 1851, James Esdaile, a British surgeon in India, reported veral thousand operations performed on patients anesthetized by esmerism. Of these, about three hundred were major operations ch as amputations, removal of tumors and cataracts. He was rcilessly attacked by the Indian medical journals, until he retired. Another English doctor, John Elliotson, began using hypnosis at e North London Hospital. He used it to treat epileptic patients and o performed operations. However, this practice was prohibited in 38. Elliotson resigned but continued to fight the battle for the e of hypnosis. He founded a journal, *The Zoist*, which appeared arterly for over ten years, and remains a source of great interest to holars of hypnotism.

"Neuro-Hypnosis" or "Nervous Sleep"

A THIRD English doctor, James Braid, also used induced anesthesi in some of his operations. Braid, who was educated at Edinburg and practiced at Manchester, began as a skeptic, but, in 1843, l published his positive conclusions in a book entitled *Neurypnolog or the Rationale of Nervous Sleep.* (To show his break with the anim magnetism theory, the last two words, in Greek, were taken as name, "neuro-hypnosis." This was later shortened to "hypnosis," *hyp nos* being the Greek word for sleep.)

The discovery of the anesthetic powers of chloroform in 1848, an of ether later, reduced interest in hypnosis. It was, however, sustaine by the Spiritualist movement, which was then beginning. Seriou research was not renewed in England until 1882, with the foundin of the Society for Psychical Research and the work of Edmund Gu ney and Frederick W. H. Myers.

A controversy that occurred in France in the latter half of th century settled a number of questions. In the early part of th century, the French physician Jaques Bertrand had continued th work with mesmerism. Also, Joseph Deleuze wrote the book *Histoir Critique du Magnetisme Animal* (Critical History of Animal Magne ism, 1813), an important source for the history of the early perio

The controversy, which ended with a public demonstration b the principal opponents, took place between the "Nancy" Schoo represented by A. A. Liébault and Hippolyte Bernheim, located i the town of Nancy, and the "Paris" School, represented by Jean Marti Charcot, a neurologist at the hospital of the Salpêtrière. An importan issue was whether the phenomena of hypnosis resulted from *physic action,* or from *psychological suggestion.* The outcome upheld psych logical influences, as defended by Liébault and Bernheim.

Hypnosis "Normal" or "Abnormal"?

ANOTHER aspect of the controversy was the victory of the "norma against the "abnormal." Charcot, whose experimentation ha been limited to his own patients, claimed that hypnosis was possib only with neurotic subjects, and that it was a symptom of morbi hysteria. Liébault and Bernheim successfully demonstrated that hy nosis could be induced in normal subjects, and furthermore, the indu tion of hypnosis did not depend on the use of the old-fashione magnets of Mesmer.

Despite the defeat of Charcot on many points, his lasting influence d to the continued interest in hypnosis in a different way. One of s students at the hospital, for a short time, was Sigmund Freud, ture founder of psychoanalysis. Charcot made an important contri- ution to medical science in the knowledge and understanding of ner- ous diseases, especially that known as hysteria. As a young student, reud translated Charcot's lectures into German. Charcot died in 1893. he same year, Freud published, in collaboration with his old acher and friend, Josef Breuer, the paper *Uber den psychischen lechanismus hysterischer Phänomene* (*On the Psychic Mechanism f Hysterical Phenomena*). Their paper maintained that hysteria was result of a psychic trauma, an emotional shock that had a lasting ffect, but that had been repressed.

Hysteria is characterized by emotional excitability and the simula- on of organic disorders, such as blindness and excessive pains. uccessive steps led to the development of psychoanalysis, which ought to discover the long-hidden traumatic shock, to bring it into onscious memory and to overcome its effect on the personality.

At first, Freud used hypnosis to reach the hidden area of his patient's ersonalities, called the subconscious mind. However, he soon aban- oned the use of hypnosis in psychoanalysis (see the article by Allan ngoff), replacing it with the process of "free association."

Freud's example is followed by a great number of psychoanalysts o this day. However, he obviously did not lose faith or interest in ypnosis, for he wrote a great deal about it later. He simply abandoned for a different method. At present, psychotherapists find hypnosis seful as a short cut to the cause of emotional disturbances.

n Our Time

SINCE the turn of the century, the use of hypnosis has increased substantially. During the past few decades, the history of hypnosis onsists largely of the names of the men who have used it. J. Milne ramwell in England, Pierre Janet in France, August Forel in Switz- rland and Boris Sidis in the United States continued work with hyp- osis.

The First and Second World Wars spurred the use of hypnosis, pecially in dealing with service men who had been "shell-shocked," had received other mental damage. In the United States, J. A. adfield was instrumental in this in the First World War, Charles isher used it after the Second World War. Experimentation has

been carried on by a great many authorities, such as Milton Erickson, Milton V. Kline, Frank Pattie and Harold Rosen.

Within the memory of many readers will be the rage for Emile Coué's "autosuggestion," in the 1920's, in which the French pharmacist and hypnotist persuaded millions of Americans to murmur each morning, "Every day, in every way, I am getting better and better."

Bringing ourselves back to the present time, we recall the "Bridey Murphy" vogue which swept the country two years ago. A young Colorado businessman, Morey Bernstein, reported his hypnotic experiments in his book *The Search for Bridey Murphy* (New York, 1956). He had a young woman, called "Ruth Simmons" in the book, regress her age back to the very beginning, and then go further, into the past. Ruth began to answer questions in a different tone of voice and to play out the part of an Irish woman, named Bridey Murphy, who had supposedly lived in the eighteenth century.

The furor over Bridey Murphy did not continue long. It was simply a popular counterpart of a mounting interest in serious research in hypnosis, particularly in the United States. From the fog of the magical, hypnosis now seems to be moving into the clear air of twentieth century science.

THIS MAN VISITED HEAVEN!

Emanuel Swedenborg was one of the greatest geniuses of all times, an honored member of the Swedish nobility, a scientist, philosopher, theologian and author of 200 books and pamphlets. (See your encyclopedia.)

His sincerity and character are beyond question. He claimed that for over thirty years he was given experiences and instruction in order that mankind might know what happens after death, and in order to reveal the hidden meaning of the Bible.

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"As psychiatry goes on, becomes aware of its own frontiers, hypnosis—competently applied—will gain greater usefulness"

PSYCHIATRIC USES OF HYPNOSIS

An Interview with Robert W. Laidlaw

The use of hypnosis as a therapeutic tool of psychiatry is one of the most challenging frontiers of modern medical science. Although public interest in this development is deep and sincere, most of the literature on this subject has been directed to specialists. In order to provide background information on hypno-analysis that would be non-technical as well as authoritative, the editors of TOMORROW *interviewed a noted practitioner, Robert W. Laidlaw, M. D., Chief of the Psychiatric Service at the Roosevelt Hospital, New York, N. Y. The questions and answers were recorded, and a transcript of the interview is presented below.*

Q: Dr. Laidlaw, how long, would you say, have you been using hypnosis as one of your psychotherapeutic tools?

A: About ten to fifteen years. At least, it has only been in the last ten to fifteen years that I have had any degree of proficiency in it. Before that it was simply a beginner's type of experimentation.

Q: And today?

A: Now, I am using more and more hypno-analysis in my practice.

Q: Is this representative of other practitioners in your field?

A: I would say, from my own impressions of the field of clinical psychiatry, that hypnosis is not used by more than a small percentage of psychiatrists. I have no idea as to the exact percentage, but I am quite sure it is small.

Q: But it seems to be growing, particularly in recent years?

A: Yes. Some top-flight psychiatrists are beginning to use it. Then, too, men using hypnosis as a therapeutic tool are giving seminars to groups of their colleagues. I receive notices of three or four seminars each year that are given by groups of psychiatrists. Certainly, these meetings must have a seeding effect—those who attend these seminars will no doubt use hypnosis increasingly in their own practice.

Q: And you see increasing usefulness?

A: I am sure that as psychiatry goes on, as it becomes aware of its own frontiers, hypnosis competently applied will gain in usefulness. On the whole, hypnosis is in the process of achieving good repute medically. And I think the public's understanding of it has changed considerably. We're getting out from under the influence of the Trilby-Svengali school, where people say, "Oh, I'd never let myself be hypnotized. I'd never let another person's will bend my own free will."

I think people are becoming educated to the fact that hypnosis is a medical instrument which can be used selectively as an adjunct to other medical approaches, and it is not something that is to be associated primarily with the stage or with entertainment. We're getting away from the concepts of the bizarre, and gaining understanding of it as a tool—a powerful tool which has definite clinical indications, but which should never be used exclusively.

I feel strongly it never should be used outside of a professional setting. I decry chiefly the teen-age parties and the parlor tricks that hypnosis is sometimes made a part of. Such use is dangerous. The hypnotic state is basically a really remarkable faculty of the human mind and should be treated with the respect it deserves.

Q: What kind of faculty is it?

A: I have no way of proving this, but I have a definite feeling that there is some extra-sensory or parapsychological factor in hypnosis. Certainly in my own experience, I feel that sometimes I "have it" and sometimes I don't. I feel that the unevenness of results which one oftentimes finds cannot be entirely attributed to the patient. I am

unable to define it. I'm just trying to sharpen my own approach, to better my own techniques. But I do feel there may well be a parapsychological base to this variability.

Q: The variability has to do with your own relation to the person who is being hypnotized?

A: Yes, it is the interplay between the two.

Q: Something that is not easy to put into words?

A: Something that is impossible to put into words.

Q: Do you vary your techniques?

A: Well, there are minor variations, but my technique is very simple and is completely shorn of all the gadgets and showmanship that were formerly used in hypnosis. When I first experimented with it some years ago, I used a darkened room and an ophthalmoscope light, which I gradually dimmed as the subject continued to focus on it, and things of that kind.

Q: This method was used to help induce a state of hypnosis?

A: Yes. But I discarded all of that and now the technique is so simple that when the patient is sitting by my desk, in the patient's chair, I just tell him to lean back and close his eyes. The dramatic features which used to be employed to impress the patient can be done away with if one properly prepares a patient. I never say, "Well, now let's try hypnosis," and then proceed to go on with it. I first suggest it, then discuss it, and tell the patient what hypnosis actually consists of, after asking him what he thinks hypnosis is, trying to get his views of it, and all his own bits of folklore and misinformation in regard to it. I then let him have the period between that discussion and the next interview before starting hypnosis for the first time.

In that way an acceptance and understanding has been established and the element of anxiety and fear, to whatever degree it may exist, has been considerably assuaged. I always emphasize to the patient that the therapist is not doing something *to* him, he is doing something *with* him. This is a team approach. It is a cooperative effort between patient and therapist.

The therapist is not imposing his will on the patient. Hypnosis can succeed only to the degree to which the patient wants it to succeed. We must have identical objectives. The therapist is only magnifying, underlining, validating the patient's own desires. And in that way, before hypnosis starts, we talk out together, the patient and I, what our objectives are, just what is going to be done, so that there is nothing that is suddenly "sprung" on the patient.

I think it is unfair, I think it is almost unethical, to get the patient in a hypnotic state and then go on to do other things which the therapist and the patient have not already agreed on.

Q: What would be a typical situation, a typical assortment of folklore that you would discuss with a patient?

A: Well, many patients have the idea that if they're hypnotized, this in some way weakens their will—that if they're hypnotized a number of times, they're going to end up in a kind of "zombie" state—just a negative, burned-out shell, at the mercy of other people. This is pure folklore.

Another fear I commonly encounter is: "How do I know you are going to bring me out of this? What happens if you can't?" That's very common.

And another one is: "Are you going to make me do something I don't want to do? How can I trust hypnosis?" Because the average patient thinks of hypnosis as some sort of anesthesia, that the mind will be put out of the picture, that they won't know what is happening.

A very important thing in preparing a patient for hypnosis is to tell him, "You're going to know everything that happens to you. It's only when a patient goes down into the very depths of hypnosis that he fails to remember what's happened, or to be aware at the time that it *is* happening. In medical hypnosis, such as you and I will experience together, certainly you will not have such a blank area or forget anything."

It is only in some severe conditions, when a patient brings out a mass of highly-charged emotional material, that the therapist feels that, for his own good, the patient should be given a post-hypnotic suggestion that he will not remember this, that, or the other. He is told that he will recall it only when, in subsequent interviews, the therapist will recall it to him piecemeal. In other words, rather than having him overwhelmed with this whole mass of material all at once, the therapist will bring it back to him as he feels the patient's own clinical condition allows. And the patient will ultimately recover the whole thing.

Q: There are a number of questions that are suggested by what you've just said. To start with, I should think the average person definitely has the impression that hypnosis is a trance state from which one "comes back" without remembering a thing. Are there various stages of hypnosis, and do you speak of medical hypnosis as an earlier stage, one in which the memory is not in any way changed?

A: When I say "medical hypnosis," I'm not referring to it as an entity. What I really mean is, hypnosis as used in clinical psychiatry.

Q: Another thing you said is that a patient thinks of hypnosis as an anesthetic.

A: Yes.

Q: That's probably because of its use during childbirth and dental work—two areas in which people have been hearing of hypnosis. In these fields, isn't it definitely being used as an anesthetic?

A: Well, it's being used as an analgesic.

Q: What is the difference?

A: An anesthetic means an agent which causes loss of consciousness. An analgesic is an agent, usually a drug, which make a patient insensitive to pain. When hypnosis is used in dentistry, a patient doesn't lose consciousness, but his pain impulses are blocked off. It is a substitute for the local use of novocaine.

Q: Hypnosis, under these conditions, is shall we call it, a suggestion which—

A: Which actually cuts off pain impulses from reaching consciousness.

Q: All pain impulses, or just pain impulses having to do with the teeth?

A: Just those having to do with the teeth. If it is used in childbirth, it is the pain associated with labor which is cut off.

Q: If a woman in childbirth suddenly had her teeth drilled, would she feel the pain?

A: Well, obviously I haven't had any experience with hypnosis in childbirth. As I understand it, the main purpose of hypnosis in childbirth is to promote an emotional relaxation and maintain a generalized muscular relaxation so that the natural spontaneous action of the muscles involved in childbirth is uninhibited. If the patient is afraid and is tense and fighting the natural action, that in itself causes a great deal of the pain.

Q: Tension is relieved?

A: Tension is relieved and therefore much of the pain, which is a by-product of the tension itself, is done away with. But the use in dentistry is essentially a local phenomenon. There is no need for the dentist who is giving the suggestions to tell the patient he is going to be free of pain in his entire body. The patient is told that he will relax—that he will maintain a very profound degree of relaxation and that he will not be aware of any discomfort from the work of the dentist.

Q: But if the patient were suddenly to hit his elbow or something like that, would he feel the pain?

A: I would think so. I would think that he would be aware of pain in another site because the suggestion is limited to the area of the teeth. It is possible in experimental hypnosis to anesthetize any part of the body. For example, one can ask a subject to put his two hands down on the desk and say, "This hand will become completely anesthetized to a pin prick." Then on pricking this hand there would be no response, whereas on pricking the other hand the response would be normal.

Q: The Indian fakir who is able to drive a nail through his hand—is he in an autohypnotic trance?

A: Certainly there must be a similar mechanism. He must be blocking off, in some way, the normal pain impulses through some action of the mind.

Q: What exactly happens in hypno-analysis?

A: Its importance arises from the fact that it gives the psychiatrist a shortcut to a patient's deeply repressed memories and emotions. This, of course, can be an important step toward successful treatment. Through the use of hypnosis, one sets aside the barriers and resistances to facing and discussing painful experiences which the patient may have in a fully conscious state. In other words, under hypnosis he may be able to recall, to break through to consciousness and work through, sometimes with a torrent of emotional discharge, painful material of which he has had no conscious awareness, or of which he has been only dimly aware. Or perhaps this material has been covered over with intellectualizations so that it has become quite distorted in consequence. Hypno-analysis, in other words, is a more direct approach to painful material than the technique of free association, which is widely used in psychoanalysis, where the therapist simply waits for the patient in the course of time—and it may be quite a course of time—to light upon, in his own spontaneous production, painful material of this kind.

In hypno-analysis, when a therapist has a fairly good knowledge of the patient and recognizes where the painful material lies—that is to say the area in which it lies, although he may not know what the actual details of this painful material are—he can, with the patient in a hypnotic state, direct him specifically to this area and instruct him to talk about it freely, letting himself go to the utmost of emotional release as he does so. Clinically, it is an amazing thing.

Frequently a patient who, in the conscious state, has any number of intellectual defenses, under hypno-analysis may break down and become volcanically emotional, weeping unreservedly, sometimes sweating profusely. At the end of the hour, he is literally a limp rag, from the intensity of the experience he has passed through. With that material at hand, you may have a gold mine of data to go back over with the patient when he has returned to the conscious state. For, the bridgehead having been established, the patient can expand that bridgehead and obtain increasing insight into an area which up to that point has been blocked off. In that way, it is a shortcut, and to my mind a very effective shortcut, in clinical psychiatry.

Q: In this case the patient would be unconscious?

A: No. The patient would remember everything unless, as I say, recollection would be so horrendous that you feel, for the patient's own good, it would be wise to block all or some of it through post-hypnotic suggestion.

Q: In this hypnotic state, the patient would be partially unconscious?

A: Well, I wouldn't say "partially." I think you are reflecting, in a sense, the erroneous concept of hypnosis blocking off awareness.

Q: Well, what actually happens? Would the patient be conscious all the time? You establish empathy?

A: Yes. That is a prerequisite.

Q: That is before anything else. Then, the result of your hypnotic suggestion is what? That he is in a sort of relaxed state?

A: Yes, a very relaxed state. Most patients feel as if their arms and legs have gained a great deal of weight, as if any movement would be a terrific effort. A patient will often say subsequently, "Well, I knew perfectly well that, if I wanted to, I could get up from the chair. I could do anything I wanted to. But I didn't want to do anything. I was in a relaxed, heavy state of inertia. My mind was a little fogged, but I felt that I, my conscious self, was standing off at a distance watching what was going on." The patient feels he was letting things happen.

Q: In other words, you have relaxed self-censorship. But the patient's state itself is not clear to me. What, for want of a better word, is his level of consciousness?

A: He is relaxed and perfectly aware of what is going on. He will report after the hypnotic session a feeling of well-being, of interest in the experience he has just passed through, a feeling of having been relaxed far beyond the ordinary self-induced state of relaxation. He

will report having been an interested, sort of unofficial observer of everything that was going on.

Q: With this super-relaxed state—you would have to bring the patient out of it?

A: Oh, yes. You never just stop in a hypnotic experience and leave a patient in this state. It is utterly important to bring him again to the surface and to make one last gesture. One says, "When I count to three (or when I snap my fingers or some such signal as that), you will open your eyes *and be fully awake.*" You must never leave a trace of the hypnotic state. It is, I think, also very important to state: "And you will be closed off, as you have been heretofore, from all outside influences which might seek to gain influence over you."

In other words, you close the patient off; you bring him back to full consciousness with some general suggestion that when he awakens, he will feel relaxed and refreshed and ready to go about his business.

Q: Do you think it correct to say that hypnosis, if incorrectly used, would damage the subject's personality?

A: Yes, I would think so. There are all sorts of post-hypnotic suggestions which would be disadvantageous to the patient. A lot of these are in the nature of parlor tricks, the type of experience where a patient is told—"Fifteen minutes after we bring you back, you will see a brass monkey grinning at you from the mantle"—or some such thing as that. When the patient actually experiences something of this sort, based on post-hypnotic suggestion, he is puzzled and bewildered and cannot understand why he suddenly has become the center of attention.

I feel very deeply that hypnosis should be regarded as a medical technique and should be utilized only under proper medical auspices. One shouldn't permit its use by the layman any more than the layman should be permitted to give intravenous drugs or perform minor surgery.

Q: Would it, in your opinion, be desirable to outlaw non-medical use of hypnosis?

A: Certainly I would advocate the banning of hypnotic entertainment. I would use the word "non-medical" in a broad sense, however. There are trained clinical psychologists who use hypnosis wisely and well. I would decry the amateur use of hypnosis as contrasted with the professional use. The amateur should rightly be banned.

Q: You mentioned post-hypnotic suggestion a moment ago. How does it work, and how does it fit in with psychotherapy?

: Post-hypnotic suggestion has a limited usefulness. One has to be eally a physician and use it only as an adjunct to other forms of sychotherapy. A layman might say, "Here is a patient that has very ttle will, very little determination, has always been a procrastinator, tc." (picturing a very loosely-knit personality). "Can't you, by hyposis, make him a man of vigor and determination and turn him out s an absolutely new model?" Now, that, of course, is something that utterly beyond the scope of hypnosis. You use post-hypnotic suggestion in a very limited field and directed at some special end or pecific symptoms which the patient himself is very eager to do someing about.

Take, for instance, the matter of smoking—the patient who for one eason or another feels it imperative that he stop smoking completely nd has a history of having tried unsuccessfully by other means. Now, ith the patient having this very firm desire to stop smoking, one can, rough hypnosis, magnify and confirm this desire, making it much ore far-reaching than his desire before the hypnotic experience. And, n most instances, patients have been able to stop smoking completely, ot by gradually cutting down, but through a sudden and abrupt cesation. As stated earlier, the patient has first to be oriented as to the ature of hypnosis and the process has to be explained to him, prior to is first experience. Then, when he is subsequently hypnotized, a ost-hypnotic suggestion would take some such form as this:

"From this instant on, up to the time we next meet in a similar inical session, you will succeed, and succeed completely, in resisting ny and every effort to smoke tobacco in any form whatsoever." The orm of the suggestion has to be as all-inclusive and as loophole-free s possible. That is reiterated a number of times and the element of omplete success is stressed. The patient then comes back in a few ays for a reinforcement.

For a period of weeks, at gradually increasing intervals, the reforcement is repeated. With the right kind of patient, one who eally accepts hypnosis and works with it, one can anticipate success. patient told me after six weeks of non-smoking—a six-week period om his first post-hypnotic suggestion—"You know, it would now be s much of a break in habit for me to smoke again as it would have een a break in a habit for me to stop smoking six weeks ago." He ad completely reversed his entire attitude toward smoking. I want stress again, however, that to achieve success in blocking a smoking abit, it is necessary for the patient to be highly motivated.

Q: Now, where do you see frontiers for hypnosis? Where is it being most helpful? Where would you like it to advance, or in what direction?

A: Limiting my answer to my own field of psychiatry, I would like to see it used more frequently both in hypno-analysis and in post-hypnotic suggestion against a specific symptom, such as smoking. It may also be used as a block with an alcoholic, a block against drinking.

I am reminded of an early experience I had with a patient who was such a severe alcoholic that whenever she came to the office she was so much under the influence of alcohol that one really could not practice effective psychotherapy with her due to her befogged state. She agreed to post-hypnotic suggestion, admittedly used simply as a temporary block, so she might come in to the office with a clear head while we were getting to the basic reasons for her alcoholism. I used a suggestion which took this—as it subsequently proved—unfortunate form: I said, "Between now and the time we see each other again you will successfully resist taking the first drink." I thought that was a good, inclusive, across-the-board barrier.

The suggestion worked beautifully for a number of weeks. She maintained a perfect record of sobriety. Each time she came to see me, I reinforced the suggestion, using the same words. Some six or eight weeks later, she arrived in a sodden state.

I said, "Tell me, what happened?" She said, "Well, my boy friend took me to lunch and took me up to the bar. I said to him, 'You know I'm not drinking.' He said, 'That's all right. Come along anyway.' And he ordered two Daiquiris. When the drinks came he pushed one in front of me. I was tempted. I took hold of the cocktail glass, but it was just as if I had a sudden paralysis. My hand shook violently, and half the Daiquiri splashed on me, the rest on the bar. There wasn't a drop left in the glass. Immediately after I lost the first Daiquiri, he pushed the second glass in front of me. I seized it and drank it right down." She had indeed successfully resisted taking the first drink—but not the second! Since that time I have tried to make my suggestions broader and tighter.

Q: This is a most interesting frontier, because alcoholism presents such enormous problems. Could hypnosis be used more widely in relation to it?

A: It cannot be used as a major tool for the combating of alcoholism itself. To use a nautical metaphor, you would simply be battening

down the hatches on alcoholism, instead of cleaning out the ship's hold—that is, you would be stopping the overt act of drinking, without getting at the reason for the alcoholism—which is the only thoroughgoing approach. Therefore I stress and stress again—in psychiatry, hypnosis should be only one weapon within the whole array of weapons.

Q: In cases where smoking is concerned, possibly such devotion to smoking might also be of a neurotic, compulsive nature. Wouldn't you just be battening down the hatches when you stop the smoking?
A: There again, you don't simply approach the patient's problem from the standpoint of any one symptom. I always want to get to know my patient, to find out if there are areas which need help, and such areas may signal their presence by the patient's great need for smoking. Treatment should not just eradicate the symptom. It must eradicate the symptom and at the same time get at its base.

But smoking is more of a habit, more of a social custom than drinking. The effect of alcohol on the brain has a much more profound meaning and significance. One can change the basic habit patterns of a patient who wants to stop smoking. That isn't so with a true alcoholic. The individual, even after years of sobriety, must continue to recognize that he has in his makeup a tendency to reach out for alcohol as a way of meeting a life situation which is too much for him. Therefore, psychotherapy must be of a much more far-reaching nature with regard to the alcoholic as compared to the relatively simple problem of smoking.

Q: During the use of hypno-analysis, how can you guard against having the patient give back to you the material you "want to hear"—what has been called "doctrinal compliance"—of trying to please you with fictitious revelations?
A: One has to guard against this in any form of psychotherapy.

Q: Don't you get more of this sort of thing in hypno-analysis? Isn't there a danger of the patient becoming more passive?
A: The patient is *physically* more passive, but I think he is much more revealing of his true self. I think one encounters the real, raw stuff of the patient in hypno-analysis much more than in other psychotherapeutic approaches. I feel that there is less of a hazard of encountering this doctrinal compliance—particularly if the therapist is not doctrinal in his approach, if he is not an exponent of any one school, but is simply approaching his patient with the purpose of eliciting from him the roots of his trouble, rather than approaching him with a

series of hypotheses which he hopes to validate from the patient's own production.

Q: Doesn't the patient tend to show off anyhow? Doesn't this tendency to self-dramatization interfere with hypnosis?

A: I would say just the reverse happens in hypno-analysis. The patient is humbly and explosively showing himself in what oftentimes to him is the worst possible light. There's nothing of showmanship in it. It's all barriers down. Anything goes. One has to prepare the patient for hypno-analysis with far greater care than preparing him for a post-hypnotic suggestion for any specific symptom. I never use hypno-analysis until I have had many hours with the patient, until we have a very full rapport, and until the patient himself realizes the need for some other instrument to pry off the lid of certain areas of resistance. He knows, dimly at least, the root areas of difficulty.

Q: Does true age regression take place in hypno-analysis?

A: Yes. Not with all patients, however. Some patients are far better able to regress and to relive experiences than others. But certainly one can bring some patients back to the early years of childhood, where their very tone of voice and their very use of words indicate that they are reliving experiences of those early years.

I remember one case in which the patient regressed back to a point before his use of language. I could see that he was very markedly disturbed, and evidently visualizing and experiencing a very traumatic experience. I said to the patient, "You may not be able to put this into words, but I want you to see this as if it were on a motion picture screen. See every detail. When I bring you back, then you will describe to me in the conscious state what you saw on that screen." And when he returned to the conscious state, he described an episode he had witnessed as an infant from his play pen. He had seen his father and mother struggling violently for the possession of a knife. That was a completely terrifying thing for the child.

Q: Yes. That was a significant experience. Perhaps you could now clarify the various states of consciousness a little more—whether in hypno-therapy or while engaged in post-hypnotic suggestion. What would you call the most frequent state—in non-technical terms?

A: Well, I would call it a dream-like state, where the patient's conscious mind is still off to the side, as it were, and aware of the fact that he is dreaming at the same time. It is not an obliteration of consciousness; it is a setting to one side of one's consciousness insofar as our conscious mind takes a directive influence on the situation.

): The analytic couch—is it a device which to a certain degree creates similar mood?

: Yes, it's a dissociation of a kind. The fact that the patient is not ooking at the analyst face to face encourages him to go into a reverie nd to allow the stream of consciousness to flow freely.

): Is hypno-analysis really a stage of free association, or is it several tages beyond that?

: Well, it can be either, depending on how it's used. Actually, in ypno-analysis one can do what one would like to with free association. n hypno-analysis, one has two main choices: one can either lead the atient directly to what the therapist considers a highly charged, pain- ul area, and have the patient focus on that, or one can (as in free ssociation) simply say, "You are very deeply relaxed now. You will ust feel and talk freely about anything that comes to mind." Some- imes that will be a sufficient directive for the patient to be led back irectly into a pouring-out of highly charged traumatic material.

Sometimes, either when one is directing the patient to a traumatic ncident, or in the free association technique, the patient will begin to elive, as in the present, the traumatic experience. The therapist may ven have to jump in and play any number of roles. There will be an ctual dialogue between the patient and the therapist, where the ther- pist has to think quickly and surmise from what the patient is saying, vhat the other members of the cast would say. You may have to be ne father, or the mother—

): That is a dramatic thing, this living out of the experience.

: Yes. It is a type of psychodrama. I remember once having to play ne role of a tail-gunner over Berlin. The patient, a pilot, was violently eliving an air raid in a B-29. He was yelling to this tail-gunner some nstructions about planes approaching from the rear. I, not knowing nuch about the role of a tail-gunner, did the best I could, and kept ne thing as alive as possible, keeping him going.

): Have you any comments on things we have not covered fully nough?

: I would like to mention a few more words about post-hypnotic uggestion. It is not just a question of helping a patient to stop smok- ng or effecting a temporary blockage to drinking. There are many ther types of post-hypnotic suggestions.

I think there are a great many areas where carefully controlled and bly conceived post-hypnotic approaches may find an increasing place n medicine.

In some cases of post-hypnotic suggestion it is possible to give re peated reinforcements over the telephone. This is particularly tru with a subject who has become accustomed to the post-hypnotic ap proach. I have some patients who are troubled with migraine head aches who ring me up when they have a severe attack; three to fiv minutes of the induction of the hypnotic state over the telephone an the utilization of post-hypnotic suggestion will rid the patient of th headache.

Sometimes this can also be used for a patient with a nervous typ of sleeping difficulty. It is possible to relax him and, while he is lyin in bed with the telephone to his ear, to give him, through suggestion a sound and restful sleep. In this case he wouldn't be brought bac to full wakefulness, in the usual way. It is a sort of compromise ap proach. After giving these suggestions, the therapist says, "Now, yo will come back just far enough to hang up the phone and turn out th light, and then you will very rapidly fall into a deep, natural sleep. The therapist emphasizes *natural*; he doesn't leave the patient in hypnotic sleep at all.

Q: Is post-hypnotic suggestion useful in dealing with certain phobias such as, for instance, a fear of heights?

A: I don't feel post-hypnotic suggestion is effective there. At least, haven't used it there. When one feels that an emotional pattern i so ingrained that one should not try to batten down the hatches on it the only approach to it is to go through the usual long, laboriou psycho-therapeutic procedure. To tell someone who for many year has suffered panic, let us say, sitting in the midst of a theater row, an whose panic reaches such proportions that, in spite of all voluntar resistance, he just has to get out, beat an ignominious retreat—to expec post-hypnotic suggestion to do away with this or neutralize it is fa beyond any clinical expectations.

Q: Are there any other uses for post-hypnotic suggestion?

A: Yes. Localized pain, for instance, in places other than the head may well respond to post-hypnotic suggestion, particularly where patient is the nervous type of individual who is producing much o the pain himself, or herself, because of secondary muscle spasm. I reducing that spasm through direct suggestion, and in giving a post hypnotic suggestion that the pathways of pain from that area will b blocked before reaching consciousness, one can bring about a ver sharp relief from pain, just as the dentist does specifically in utilizin hypnosis in working on teeth.

Here, instead of its being simply a suggestion used at the time of he painful experience, post-hypnotic suggestion will carry over into he hours or days subsequent to the hypnotic experience itself.

Q: Then it is usually to produce a secondary or tertiary result that you se post-hypnotic suggestion?

A: Yes. You can't, as I say, suggest a change of character or a change n the patient's basic attitude toward life if it has been warped or listorted in some way because of deep-seated psychoneurotic com-lexes. You can't just sweep those clean with post-hypnotic suggestion. That's why so many of these popular books on autosuggestion, how o train your mind, overcome worry and what not, are so futile. They ail to recognize the fact that these deep-seated emotional components f our mind are much stronger than any intellectualization or any olitional attempts to overcome them. If our minds actually worked he way this type of book *says* our minds work, there wouldn't be any eed for the book. We would all be able to work out our problems vith no need of outside help. No one *wants* to be a prey to assorted eurotic ills, yet we are unable to overcome them by ourselves.

Q: You started this conversation with a reference to the hypno-nalyst's relation to the patient as a two-way street, with ele-nents of extra-sensory perception involved. I would like to hear nore about that.

A: I would like to know more about it myself! I would like to know ust what this particular type of rapport consists of; what the hypnotist-herapist himself can do to strengthen that rapport and bring out the apport in the patient. It's a tenuous thing.

Q: Is it based on transference?

A: Yes, I think rapport is based on transference—transference in its roader sense. This includes a feeling of faith and security, and an ppreciation, a liking, for the therapist. I don't mean in its technical ense necessarily, where the therapist plays the role of some important gure in the patient's own emotional constellation.

Q: Do you have any special warning, or any statement that will sum-narize your general attitude toward hypnosis?

A: Just this—people must beware of anyone who calls himself a hyp-otist and who accepts patients for treatment by means of hypnosis nly. I cannot stress too strongly that hypnosis is only one of many sychotherapeutic approaches and no truly ethical therapist will con-ne himself to the use of hypnosis alone. It is imperative to exercise ound clinical judgment in utilizing this powerful therapeutic tool.

A.M.A. ENDORSES USE OF HYPNOSIS IN THERAPY

Following is the text of a report on hypnosis, originally prepared by the Council on Mental Health of the American Medical Association, the professional organization of physicians in the United States. The report was based on findings of a study group under the chairmanship of Dr. M. Ralph Kaufman, approved by the A.M.A.'s Board of Trustees and adopted by the Association's House of Delegates on June 26, 1958. It was made available for the guidance of physicians and dentists by publication in the Journal *of the American Medical Association of September 12.*

THE history of hypnosis since the time of Mesmer has been characterized by a series of curious cycles alternating between great interest and almost complete rejection. This phenomenon in itself is an indication of the somewhat mystical aura that has surrounded the subject throughout the years. Recently, owing to a concatination of circumstances, there has been a reawakened interest in hypnosis. In part the experiences of World War II contributed to this interest.

The Council on Mental Health of the American Medical Association has for some years received numerous inquiries from physicians throughout the country relating to the subject of hypnosis, many of them asking for information regarding training programs in this area

A group of serious workers in medicine has been reporting on various aspects of the utilization of hypnosis. In addition, the dental profession has become interested in its use in relation to its own practice. Concurrently "fringe" groups have been exploiting hypnosis through the press, radio and television. Over-popularization in this as in other areas of medicine usually leads to over-simplification. Over-dramatized events are seized upon to the general detriment of sober scientific work.

Recently a Subcommittee of the British Medical Association issued an excellent report, published in the *British Medical Journal*, April 23, 1955, with which the Council is in essential agreement.

In view of the total situation, the Council on Mental Health of the A.M.A. constituted itself as a Committee of the Whole to study the medical use of hypnosis. Some outstanding authorities in this field were invited to participate in several Committee meetings, and, in addition, others were requested to give their opinions through correspondence. The Council expresses its thanks and appreciation to them for their excellent collaboration in this study. It is to be emphasized that the responsibility for this report and the recommendations contained therein are those of the Council.

Validity of Hypnotic Phenomena Not Questioned

THE work of the Hypnosis Committee was limited to the specific theme of the medical use of hypnosis in its therapeutic aspects since this seemed to be the most relevant area for the Council's consideration.

I. There was unanimous agreement that there was no need at this time to question the validity of the various phenomena elicited by hypnotic techniques. Actually, in the literature of hypnosis, practically all of these phenomena have been noted in one way or another since the time of Mesmer. In spite of this, however, it is still difficult to arrive at a formulation of hypnosis that is completely satisfactory. The Subcommittee of the British Medical Association presented the following definition with which there was agreement in general:

"A temporary condition of altered attention in the subject which may be induced by another person and in which a variety of phenomena may appear spontaneously or in response to verbal or other stimuli. These phenomena include alterations in consciousness and memory, increased susceptibility to suggestion, and the production in the subject of responses and ideas unfamiliar to him in his usual state of mind. Further, phenomena such as anesthesia, paralysis, and the

rigidity of muscles, and vaso-motor changes can be produced and removed in the hypnotic state."

The Committee emphasized certain regressive aspects of hypnosis. It also stressed the fact that hypnotic phenomena were of a wide variety and should not be limited only to the so-called trance state.

In order to begin to understand these phenomena it is necessary to place hypnosis within the general framework of psychodynamic psychology and psychiatry. This has implicaitons not only for the theoretical understanding of hypnosis, but also for its therapeutic applications and will therefore be related in an important way to any teaching and training program. In a sense it is unfortunate that the induction of hypnosis is generally so simple a matter that it requires little or no technical skill or training. This, in itself, represents one of the main hazards in its utilization, since it lends itself to over-simplification and over-dramatization with a production of spectacular phenomena that are meat for the charlatan. The use of hypnosis has a recognized place in the medical armamentarium and is a useful technique in the treatment of certain illnesses when employed by qualified medical and dental personnel.

Psychological and Psychiatric Background Essential

IT has already been emphasized in this report that a background of psychodynamic psychology and psychiatry is essential in order to understand the phenomena of hypnosis. It is equally important to insist on the fact that the utilization of hypnotic techniques for therapeutic purposes should be restricted to those individuals who are qualified by background and training to fulfill all the necessary criteria that are required for a complete diagnosis of the illness which is to be treated. Hypnosis should be used on a highly selective basis by such individuals and should never become a single technique used under all circumstances by a therapist. No physician or dentist should utilize hypnosis for purposes that are not related to his particular specialty and that are beyond the range of his ordinary competence. As an example, a trained and qualified dentist might use hypnosis for hypnoanesthesia, hypnoanalgesia, or for the allaying of anxiety in relation to specific dental work. Under no circumstances would it be proper for him to use hypnosis for the treatment of neurotic difficulties of his patient. The surgeon, obstetrician, anesthesiologist, gynecologist, internist and general practitioner may legimately utilize these techniques within their own particular field of competence.

A great deal has been said about the hazards of hypnosis, and this still a controversial matter. One of the members of the conference, ho is in a somewhat unique position since he has been consulted rofessionally by many colleagues who have utilized hypnosis and has so made a survey of results, presented material which indicated that a number of patients there were harmful results which included the ppearance of psychotic conditions and other complications. On the her hand, consultants either personally or through correspondence dicated that they were not aware of any such harm resulting from e use of hypnosis. This is an area for further research.

II. It can be stated, therefore, that general practitioners, medical pecialists, and dentists might find hypnosis valuable as a therapeutic djunct within the specific field of their professional competence. It ould be stressed that all those who use hypnosis need to be aware of e complex nature of the phenomena involved.

III. Teaching related to hypnosis should be under responsible medi- l or dental direction, and integrated teaching programs should in- ude not only the techniques of induction but also the indications nd limitations for its use within the specific area involved. Instruction nited to induction techniques alone should be discouraged.

IV. Certain aspects of hypnosis still remain unknown and contro- ersial, as is true in many other areas of medicine and the psycholog- al sciences. Therefore, active participation in high level research by embers of the medical and dental professions is to be encouraged.

V. The use of hypnosis for entertainment purposes is vigorously ndemned.

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Orthodox psychoanalysts bar the use of hypnosis, but the fo
of hypnosis, narcosis and parapsychology cannot be overlook

SHORTCUTS TO MENTAL HEALTH

Heinrich Me

THE use of hypnosis or narcosis in psychoanalytic treatment is h to contradict, as would any shortened procedure in psyc therapy, at least one and possibly two of the basic requirements the traditional schools of psychoanalysis: (a) that analysis should p etrate the patient's personality as deeply as possible, so that traum conflicts from earliest childhood can be relived and relieved; and the analyst should not actively influence this process. Above all, analyst must place the healing factors of transfer and resistance the service of therapy.

In other words, the main factors of favorable treatment are: reliving and productive overcoming of associations arising fr childhood which disturb maturity, the working through of vari kinds of resistance, and finally, the solution of the transfer-situat

However, other analysts, not adhering strictly to the traditio schools, have made use of hypnosis in treatment. Robert M. Lind in his book, *Rebel Without a Cause* (New York, 1944), presented hypno-analysis not only as a form of psychotherapy with comp depth analysis, demanding subsequent treatment of no more t three to four months of daily sessions, but as a pioneer method of stu ing and treating criminal psychopaths. Lindner maintained that

sychopathy becomes manifest through environmental influences nd its effects—though not in the medical sense—can be cured by reatment and made socially harmless. Its persistence is presumably ue to the fact that it devours the personality from a very early age in the case reported in his book the decisive mental shock occurred n the first year of the patient's life, a psychosis with the specific ymptom of inability to make contact). Such a problem may be omparatively quickly overcome by means of this new technique, riefly described as follows:

Two weeks of daily sessions are devoted to a "training" in hypnosis. Conflicts are not yet considered; the patient is truthfully informed f this beforehand. He must learn to enter into trance almost in-tantaneously and to carry out post-hypnotic suggestions. Specifically, e learns to remember or forget things that have happened during he session. His ability to transfer himself to earlier times and places nd to talk about them as clearly as possible is developed by degrees. The analyst must be familiar with the patient's formal life history, o that frequently he can "set the stage for a scene."

Alongside so-called "regressive" memories, recognizable by accom-anying value-judgments, one can stimulate so-called relived ex-eriences, in which the patient re-lives time so realistically that tests f motor apparatus in comparison with standards of development for example, those of Gesell) enable one to obtain a usable time-ne. Through these exercises the factors needed for transfer are lready mobilized, if analysis with free associations is begun after bout two weeks' time. Only if no resistance arising from the trans-er is encountered, is the patient put into hypnosis. The last associa-ons appearing to him before hypnosis are repeated, and he is encour-ged to speak out what he is holding back. Then complete amnesia is uggested. Despite the demonstrable existence of amnesia, at the ext waking session the material—if it did not consist of surface nemories—soon pours forth abundantly, as if no resistance had ever xisted.

This constant phenomenon illustrates how time can be saved; sually it is squandered in overcoming resistances or because of isleading surface memories. Since an abreaction (relief from neu-otic repression) in the waking state can be foreseen, the full effect of he catharsis is maintained. The interpretation and pattern of behavior chieved is strengthened by post-hypnotic suggestions, whereby the ransfer is resolved by diverting energy.

From Freud to Lindner

FREUD often pointed out how much he was indebted to obse vations from the field of hypnosis for his discovery of psych analysis. His objections to hypnosis as usually practiced in his day with the hypnotized person's ego switched off, so to speak, and sul ject to suggestion by an outside ego—are still valid today. Since h time, hypnotic technique, under the influence of the psychoanalyt study of the ego and new researches and experiments, has undergon a fundamental change. Lindner's researches have also contribute to this change. His hypno-analysis was particularly suitable in th therapy of criminal psychopaths. He showed, among other thing that the bulk of habitual criminals and the secret police of unscrup lous leaders show symptoms of psychopathy, and that in such cas hypno-analysis can prove effective. Moreover, he felt that these fin ings from hypno-analysis might provide a valuable psychologic groundwork for criminology, penology and penal law.

We have the report of his treatment of a prison inmate, repeated sentenced since his twelfth year, on whom this method was first trie The writer, in carrying out this method, hoped to shed light on th factors responsible for psychopathy and crime. For this reason, concealed a microphone on the patient's couch, connected with loud-speaker in another room, where a typist took down his stat ments. This account not only shows that the psychopath's crimes we fostered by socially-conditioned situations but they were also root in conditions within the individual. (The main hypotheses of th Freudian school were confirmed.) Moreover the findings indicat that, without analysis, the man would have assailed the communi with the same ferocity as before, only with heightened hostility.

Noel Harris, M. D., in his *Modern Psychotherapy* (London) repo how during World War II, when for one reason or another no pr gress could be made in an analysis, a patient would be hypnotize It was then suggested to him that he could remember and rela certain events. He was induced to speak freely.

In many cases it was even possible to make the patient rememb experiences step by step and to set in motion an abreaction to the Harris believes, however, that hypnosis cannot be so useful an a in peacetime civilian life as in these wartime instances, for, in tho cases, the trauma was often charged with powerful emotions a relatively fresh. On the other hand, we must point out from t standpoint of analysis, that even the most dramatic war experien

es not fully explain an actual illness. For, like the accidents of a rson with an accident neurosis, it is not itself the prime cause and ually is related to a childhood trauma. If this early trauma is not ached and worked through, its latent dynamism remains. There is ways the danger of its reviving; and the outwardly successful cure usually only a temporary one.

This objection, the validity of which may be tested empirically, es not, of course, impair the correctness of the method, especially der circumstances which render more fundamental help impossible. There seems to be no problem in the use of hypnosis in most cases conversion-hysteria, the chief symptom of which is aphonia, amnesia a paresis which prevents the patient from walking. Here it can rve to introduce and pave the way for psychoanalysis, which can mmence as soon as the patient begins to function normally.

arcosis Plus Analysis Equals Narcoanalysis

HARRIS reports that *narcoanalysis* has been frequently used in treating patients, with varying success. It has often proved useful ith persons who had strong resistances or seemed incapable of oducing any memory material whatever. A patient is given an planation of what is going to be done. Then he stretches out in bed a completely relaxed state. Very slowly—about every minute—1 cc Nembutal is injected intravenously until he is thoroughly drowsy, the verge of losing consciousness but still able to talk. Then the jections are stopped. The analyst remains by the side of the patient. e patient's repressions have been loosened under the drug's influence d he speaks more freely and frankly. The analyst listens to the tient and also helps him with questions. With many patients, amyl-drate has also proved effective for this purpose.

Other writers recommend *short analytic therapy* in cases where, er several conversations, the basic personality structure becomes rly clear and the symptoms seem to have developed in connection th some external difficulty. In such cases it is altogether justified make the analysis only deep enough for the patient to be shown w his symptoms have arisen, so that he can then re-live them. Ex-rience has also shown that the Freudian school's claim that such rapy is only temporarily effective is not entirely valid. In fact even er complete Freudian analysis relapses often occur.

The fact that short analyses of various kinds are made everywhere certainly symptomatic of something independent of a few persons'

basic attitudes toward analysis. It means that, nowadays, with p nounced shortage of time, analysts no longer can undertake a compl analysis due to the large number of cases in need of treatment. T is over and above the fact that for most patients a full analysis is expensive. It is also evident that gradually, without fanfare, the fi ings of psychoanalysis are being incorporated into many branc of medicine. They can no longer be excluded from medicine prop

Narcoanalysis, as a diagnostic and therapeutic procedure, proved effective in clinical and ambulant practice, above all neuroses, psychoses, and amnesias of differing etiology. Gayal of T louse, writing in E. Stern's manual *Die Psychotherapie in der Geg wart* (*Present-Day Psychotherapy*: Zurich, 1958), gives an over survey based on experience and cites examples from the literature twenty-one publications, most of them by French writers. His po of view, which I share, may be summed up in the following passa

"Narcoanalysis is a practical and productive psychological meth of research, provided that one knows how to delimit its bounda and to analyze critically its results in the total context of the patie life. It is also a valuable therapeutic method, even if only of limi significance, and in no way can it take the place of psychoanaly But it has the advantage of simplicity, rapidity and practical effecti ness, above all if one is psychoanalytically oriented. It is a med procedure which should be used only by specially trained doct

"Narcoanalysis reveals neither secret facts nor complexes; it p mits a structural over-all diagnosis which must consider the f brought to light under narcosis in their interconnections and t connection with all other phenomena. Hence it might be prefera to speak of a structural narcodiagnosis."

The relatively few experiments in Basle with hypno- and na analysis which are available to us, confirm the correctness of views quoted above. When psychoanalysis is not indicated, or various reasons is impossible, we generally advise the autogen training of psychoanalyst J. H. Schultz. With this method, anxiety other psychic tensions are quite often lessened or eliminated.

Traveling Clairvoyance Under Hypnosis

ON THE question of parapsychology, particularly in relation clairvoyance, the findings of G. R. Heyer in deep hypnosis enlightening. He was able to show in experiments that a patient make very concrete and verifiable statements based on clairvoya

Ve should like to quote extensively from Heyer's comments. In his *Die psychischen Heilmethoden* (Psychic Methods of Healing; Leipzig, 927), he pointed out:

"When the patient was in deep hypnosis, I asked her if she knew ny wife. She did not know whether I was married or not, so she ould not know what my wife looked like. But she answered 'Yes,' nd gave a good description of the color of my wife's hair and dress. was really surprised when she described a street dress my wife was vearing.

"I assumed that my wife was at home, since I had advised her not o go out; she had a new-born baby to take care of, and with political onditions as uncertain as they were it was inadvisable for women to e out-of-doors. So I proceeded to ask where my wife was. The atient described the place as follows: a rather long, very narrow oom built like a match box. To one side was a long table. Many ob- ects were hanging on the walls, but she could not identify them more losely.

"What was my wife doing? She was sitting on a backless chair. Now I was convinced the patient was wrong, for we had no such oom or chair in our house.) Suddenly my hypnotized patient added hat my wife was walking nervously up and down. She had some- hing in her hand, larger than a purse but smaller than a briefcase.

"I brought the session to a halt and went home. I was sure I had een the victim of a hoax. When I asked my wife where she had een around 4:15 P. M., she became quite embarrassed. Then she old me she had gone out—to the watchmakers'—and at that very time. His shop is exactly like the one my patient described, long and narrow vith a counter over to one side. Usually many watches hang on its valls. Since the repair job was not yet ready, my wife first seated erself on a stool. Later she paced impatiently back and forth, holding n her hand a large visiting-card case which contained her money.

"I see no possibility here of hoax or error. Several days later one of ny equally skeptical colleagues was similarly convinced: our medium old him his mother was sitting home at a writing desk, dressed in lack. Like me, he left for home with a patronizing smile, because e knew his mother never wore black. He, too, had to stop smiling; t that very hour his mother had been writing at her desk and, since was cool, she had put on a black sweater over her blouse.

"We made various other experiments. On many days our medium aid she was indisposed (especially during her menstrual period); on

other days the experiments failed for no visible reason—usually sh just could not be induced to talk. More often than not, however, o 'good days' our medium told us the exact contents of sealed envelope (visiting cards, telegrams, nothing, etc.). These were not even know beforehand to the experimenter. The procedure was to place th object on her forehead or the pit of her stomach where, in her ow words, she saw inwardly 'a bright star.'

"These experiments reveal nothing that is unknown. Anyone wh closely follows metaphysical research knows that there can really b no more doubt about the fact of spatial and temporal clairvoyanc It exists; as to how the data should be interpreted—that is anothe matter.

"Many persons seem to have been endowed with this talent by na ture. Others can be induced to the same state by deepest hypnosis- which I should like to call a state of trance . . . They use organs an capabilities that are still puzzling to us in our present state of know edge. The literature is full of facts verifying these phenomena, so tha we *must* take them into account. Not to recognize them would be, fo example, like a chemist's refusing to learn anything about the chemistr of ions."

As I emphasized at two congresses for parapsychology (at Utrech in 1953 and Saint-Paul-de-Vence in 1954), a doctor treating the men tally ill cannot ignore proven facts from the fields of hypnotism, psy choanalysis, narcoanalysis and parapsychology.

ierre Janet of France, Sigmund Freud of Austria, Morton Prince nd Boris Sidis of the United States were active with hypnosis

FOUR WHO PIONEERED

H. Addington Bruce

THE closing years of the nineteenth century and the opening years of the twentieth were the period of foundation-laying for the new ience of psychopathology. It was then that many physicians, especi-ly in France, began to act on the hints given by Jean Martin Charcot, mes Braid, James Esdaile and other experimenters with hypnotism, s to the mental causation of hysteria and other psycho-neuroses com-only thought to be either of obscure physical origin or wholly naginary.

Foremost among these pioneers were four men — Pierre Janet, lorton Prince, Boris Sidis, and Sigmund Freud. It was my privilege have known three of them. Janet I knew only slightly; Prince and dis became and remained close friends of mine until their deaths. reud I knew only through his two chief disciples in the United States, . A. Brill of New York, and Isador H. Coriat of Boston. Both of em became friends of mine, and from them I learned much about reud and his work.

All of the "Big Four," as I like to call them, contributed much to the owth of psychopathology. Today Freud is unquestionably the most teemed of the four. It was very different in the pioneering years. hen, because of the emphasis he soon began to place on childhood

sexual experiences or fantasies as the prime cause of the psychi neuroses, Freud became the center of bitter controversy. He wa opposed especially by his chief fellow-workers. Janet, Prince an Sidis united in endorsing Havelock Ellis' sarcastic reminder, "Freu forgets that one key does not unlock all doors." Two of his Europea followers, C. G. Jung and Alfred Adler, left him to form psychi analytical schools of their own.

Freud himself did a good deal of shifting through the years, thoug sticking to his basic theory. But, aside from this, he has added much to our knowledge of human psychology in general—includin dreams, absent-mindedness and seemingly meaningless slips of tongu and pen—that the present high standing of Freudianism is not sur prising.

"Mind Tunneling" with Hypnosis

LIKE Janet, Freud had been a pupil of Charcot's at the famou Paris hospital of the Salpêtrière. There Charcot had assembled what has been called "the greatest collection of hystericals in history" Again like Janet, Freud had begun his "mind tunneling" with hyp notism's aid. Not finding this satisfactory enough, he had discarded hypnotism in favor of his psycho-analytical method, whereby his pa tients, lying in a quiescent state, gradually recovered, through so called free association, the painful memories underlying their psychi neuroses.

Of course, this method can be long, tedious and costly. Janet an Prince found hypnotism satisfactory enough for their use, and usually helped them gain the knowledge they needed far more rapidl than psychoanalysis. Janet in particular put mankind in his debt b adding to the light Charcot had already thrown on that weirdest all diseases, hysteria.

Thanks to Charcot and Janet, hysteria now is known to be a disea of mental origin, though having chiefly physical symptoms. By som process as yet unknown, hystericals can develop symptoms mimickin those of almost any bodily ailment. Even today many needless su gical operations are performed on persons having hysteria, perso whose symptoms would disappear were the cause of the hysteria di covered and removed.

Hysterical symptoms may indeed be of a puzzling sort, as Jan tells in his master work, *The Major Symptoms of Hysteria* (New Yor 1920). I have space for only one of his illustrative cases.

It is the case of a young woman who had a tic, or involuntary movement. Her tic was uncommon, and she was also engaged in an uncommon occupation: the making of dolls' eyes. For this purpose she used a lathe, turning a fly-wheel with her right hand while pressing a pedal with her right foot. All at once she began to repeat these movements when she was not at work—unaccountably turning her right wrist and raising and lowering her right foot.

It was unaccountable and incurable, that is, until it was learned that at about the same time she had begun talking in her sleep, saying over and over, "I must work, I must work." At this point she was put under hypnosis, and the discovery was made that her rhythmic movements had begun after she had heard her parents discussing their poverty one night. At last it was possible to use hypnotic suggestion to set her free from her annoying and embarrassing tic.

Through his studies in hypnotism, psychasthenia and neurasthenia, Janet arrived at his classic "law of dissociation." This "law" was also the basis of Freud's work, and of Prince's and Sidis'. Prince himself had been at Salpêtrière, but as a visitor, not as a student. He studied at the Harvard Medical School, and won a Boylston Prize with an essay on "The Nature of Mind and Human Automation."

A Bostonian of Bostonians, Prince was of ample financial means and did not need to earn a living. But he became passionately interested in the work of Janet and other French specialists, whom he visited. By 1890 he was recognized as at the forefront of psychopathology in the United States.

Gregarious and genial, Morton Prince was altogether likeable. One could not ask for a more delightful companion. After I moved from New York to Cambridge, Massachusetts—for the express purpose of being near William James, Josiah Royce, Professor Palmer, Hugo Münsterberg, Prince himself, and Boris Sidis—Prince and I often lunched together at the Harvard Club in Boston. Knowing his love for gentlemanly argument, in order to draw him out, I sometimes started a discussion on some medico-psychological point that might continue in the club lounge for more than an hour.

Fusing Three Personalities

ONLY once did I know him to make a bad guess. That was when he predicted, "The Freudian tide is slowly receding, and a safe and sane dynamic psychology is coming into its own again." His own psychology was dynamic enough, capped as it was by his cure in the

famous Beauchamp case, detailed in his fascinating book, *The Dis sociation of a Personality* (New York, 1908). By hypnotic suggestion in this case, he fused into a perfect whole a woman whose personality had split into three distinct selves, each with its own set of characteristics and memories. This case was also very instructive to Walter Franklin Prince, of the American Society for Psychical Research, in his handling of the multiple personalities of Doris Fischer (*The Doris Case,* New York, 1915).

Always there was something in Morton Prince of the boy who had helped bring football to Harvard and who had played on the first Harvard team. He brought passion to that project, just as he brought passion to the project of learning all that he could about the nature of human personality and the field of hypnotism.

Once, I remember, while one of his patients was hypnotized he told her: "Tomorrow you are to be sure to wear your bonnet down stairs to luncheon."

The patient *did* wear her hat to luncheon, to the amazement of the other members of the family. Nor could she be persuaded to take it off. She had no idea why she was wearing it, merely insisting stubbornly, "I want to keep it on."

Another day, a patient on her way to Dr. Prince's office passed a room in which he was chatting with a visitor. He waved to her and she waved back. He said to the visitor:

"One of Pierre Janet's bright sayings is, 'Every day everybody sees and hears a great deal more than he knows.' Slip behind that screen. You saw the lady who passed this door and she saw you, for just a moment. I'm going to hypnotize her in my office, bring her back here and ask her to describe you. You'll be surprised."

So was Dr. Prince surprised. The hypnotized patient described the visitor behind the screen with perfect accuracy, and concluded by adding, also accurately:

"He wears false teeth."

Before his death in 1929, Dr. Prince had long been recognized as a leader with Dr. Sidis in the difficult field of psychopathology. The flexibility of his methods is illustrated by one case which may well be called "the bell-tower case."

The patient had long had a morbid dread of any tower that might contain bells. She included even churches in this dread. Sometimes to speak of such a tower would be enough to send her into paroxysms of anguish and despair. This was a dread that had lasted, not for

weeks or months, but for years. When she was brought to Dr. Prince, hypnosis itself failed to render the least help.

The Mystery of the Bells

FINALLY it occurred to Prince to have her try automatic writing while under hypnosis. Little by little, this gave him precisely what he needed to know.

The patient was a woman of forty. When she was fifteen, her mother had died, after an operation. Waiting for the news of the operation's outcome, the girl had been sitting in a room adjacent to a tower from which chimes struck the time every quarter-hour. Her mother's death had been a terrible shock to her, so terrible that it had been suppressed in her subconscious. But it had not been altogether suppressed, or, to be exact, repressed. That was why, for nearly twenty-five years, she had been tormented by the chiming of bells. Armed with this knowledge, Dr. Prince was able, by "psychic re-education," to silence the symbolic chimes.

Boris Sidis, the fourth member and my closest friend among the Big Four, was a Russian refugee from Czarist tyranny. Pierre Janet would seem to have thought even more highly of him than he did of Dr. Prince. This I infer from a story told me by a Boston businessman.

The latter had become so nervous that, all other help failing him, he had gone to Janet in Paris. His case proved most difficult, and Janet at last lost patience.

"Where did you say you come from?" he asked. When told, he said: "Go back to Boston and look up a man named Sidis. If he can't cure you, the devil himself can't."

The businessman did look up Dr. Sidis, who permanently rid him of his nervousness. Thereafter a warm friendship developed between doctor and patient.

Janet's admiration for Dr. Sidis was given despite the fact that, in some ways, Sidis was linked more closely to Freud than to Janet. He did, indeed, adopt Janet's law of dissociation, and at first used hypnosis as a diagnostic and therapeutic tool.

Memories, Dreams and Reality

IT WAS while he was still using hypnosis that Boris Sidis had perhaps his most spectacular success. The story of this is told in dramatic detail in a book, *Multiple Personality* (New York, 1905), by Dr. Sidis and Dr. S. Goodhart, with whom Sidis was practicing in New York.

The patient was a clergyman, Thomas Carson Hanna, who was made unconscious by a fall from his carriage. Recovering consciousness hours later, he was found to have lost all memories of the past. He had lost them so completely that he was almost like a newborn child. As a last resort, before committing him to an institution, his relatives sent him to Dr. Sidis.

Dr. Sidis could do nothing for the patient until under hypnosis he began to talk of vivid dreams he had had. Friends identified these with actual life experiences. Now the effort was redoubled to bring Mr. Hanna's past into full recall in the waking state, and in the end he was restored to a useful life.

Almost as extraordinary were some of Dr. Sidis' other cures by the hypnoidal method. In one case of so-called Jacksonian epilepsy, his successful treatment added strikingly to the evidence that many a case thought to be true organic epilepsy is really of hysterical origin.

Hard Work as Therapy

THE HYPNOIDAL method was not the only one used by Dr. Sidis in bringing his patients back to health. Especially after he opened a sanitarium at Portsmouth, N. H., he made much use of occupational therapy, in which gardening sometimes played an important part.

I recall the case of a Boston banker suffering from a nervous breakdown that sent him to Dr. Sidis' sanitarium. After studying his case for some time, Dr. Sidis began taking morning walks with him through the spacious grounds. One morning the physician took along an axe, and led his patient to an old orchard in which many trees were dead or dying.

"I want you," he told the banker, "to begin clearing out these old trees."

Amazed, the patient protested: "My heart would never stand the strain."

"I'll take all responsibility," said Dr. Sidis.

"The responsibility may be yours," the banker retorted. "But it's *my* heart!"

He was persuaded to begin, however, chopping only a little at first. In a few days, he was chopping so enthusiastically that Dr. Sidis had to prevent him from overdoing. Not long afterward, the banker was back in his bank, perfectly well.

Janet, Prince, Sidis, and Freud—when the history of psychopathology is written, these four will have notable places in it.

Soviet Studies in Hypnosis

Hypnosis research in the Soviet Union has experienced an upswing in recent years. This is particularly notable in the *Proceedings of the I. P. Pavlov Institute of Physiology*, Vol. 5, 1956. This issue of the *Proceedings* contains six major papers dealing with the physiology of hypnosis. All are reports on experiments undertaken by the Institute's Laboratory of the Physiology and Pathology of Highest Nerve Activity. The Laboratory is under the direction of Dr. F. P. Meyerov, author of *The History of the Study of Conditioned Reflexes* (Leningrad-Moscow, 1954) and of *A Physiological Theory of Dreams* (Leningrad-Moscow, 1951).

The papers contained in this volume of the *Proceedings* deal with such subjects as the influence of the "depth of hypnotic sleep upon the working capacity" of the brain, "alterations in the conditioned and unconditioned reflexes" produced by suggestion during hypnosis, vessel reflexes and related matters.

A. I. Marenina, dealing with "Alterations in the Potentials of the Human Brain during Various Phases of Hypnosis in Men," expresses the view, apparently still current in Soviet science that "hypnosis is partial sleep." Dr. Marenina adds that "on the basis of the work of I. P. Pavlov and his students, hypnosis may be viewed as a special form of sleep, as a complex of sleep phases seen under special conditions."

The six papers contained in this publication, as well as other current Soviet scientific statements, indicate that hypnosis research is designed to continue earlier studies by Academician Ivan P. Pavlov, Soviet physician and Nobel Prize winner. On September 17, 1955, Moscow Radio broadcast a talk by Candidate of Medical Science V. E. Rozhnov, who said that Pavlov's work, creating "strictly objective methods of studying the brain and conditioned reflexes," served to explain "the essence of hypnosis and suggestion." Thus, the speaker said, Soviet science was approaching a subject objectively, while "for many centuries, hypnosis and the phenomena connected with it had seemed mysterious and almost supernatural."

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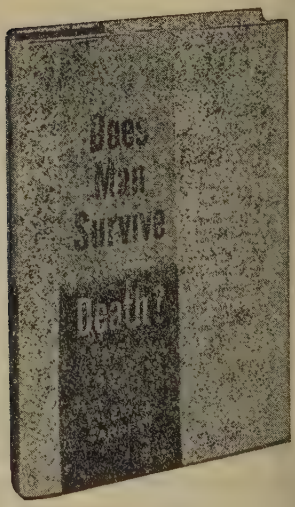

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Pope Pius XII's address to the Congress of Applied Psychology raised several vital questions about hypnosis and psychotherapy

THE "ULTIMATE SECRET"

Emilio Servadio

ON April 11, 1958, the late Pope Pius XII admitted to his presence the members of the Thirteenth International Congress of Applied Psychology, who had convened in Rome from all over the world. On that occasion, the Pontiff commented extensively on the subject of clinical psychology and psychotherapy. His remarks were subsequently published, in the French language, in the official Vatican newspaper *L'Osservatore Romano.*

With the full text of his comments available, Pope Pius' position could be studied in all details. His address suggested deep appreciation of the growing importance of modern means in the field of psychological studies, as well as of psychotherapy generally. On the other hand, the statement appeared to over-emphasize the possible dangers present in these fields, technical limits are not taken fully into account, and several aspects of psychotherapeutic activities were not fully explored.

Speaking of psychology generally, Pius XII expressed his approval, with certain reservations, of the "Ethical Standards for Psychologists," as defined by the American Psychological Association. He acknowledged that psychological testing procedures and other research techniques have "added enormously to our knowledge of the human personality." However, he expressed reservations regarding such

means as the lie detector or narcoanalysis, which he regarded as "questionable" if used as part of psychotherapy and as "illicit" if part of judicial procedure. Pope Pius was also sharply critical of what he described as "psychiatric interventions" made "without the preliminary consent of the patient."

Although he did not specifically refer to hypnosis or to psychoanalytic techniques, the Pope expressed concern over the "intimate psyche" of a person, which, he said, "the individual defends against intrusion by others." He stated: "Certain matters will even be guarded at all costs and against anyone," adding that even if a subject gives his consent, the psychologist or psychotherapist must be careful not to infringe moral rules, nor to injure the rights of a third person. Recalling his words to the participants of the Congress of Psychotherapy in 1953, Pope Pius said that "certain secrets cannot be revealed absolutely, even to one single, prudent person."

Toward the end of his address, the Pope stated that "the psychologist who really wishes to do his patient good will show himself particularly careful in respecting the moral limits of his action," aware that he has been entrusted, so to speak, with his patient's "capacity of acting freely, of realizing the highest values of his personal destiny and of his social vocation."

The main points of the Pontiff's address may therefore be summarized as follows: depth psychological interventions may violate a sort of inner temple of the individual, may threaten a freedom which is considered irreducible; the individual has a right to protect this inner temple, and should the psychologist or psychotherapist fail to recognize this right, the patient has to defend himself, with his own means, against such possible intrusion. These comments, made a few months before the death of Pope Pius XII, must be considered the authoritative view of the Roman Catholic Church, unless and until they are revised by his successor.

19th Century View of Hypnotism

IT IS this writer's view that psychological investigations and psychotherapy do *not*, in fact, present dangers of this type, in such a way or to any such extent. And if certain perils exist, as they certainly do, they are more likely to be created by quite different forms of interventions.

Perhaps more than any other psychological technique, hypnosis has stimulated controversy as to whether or not its practice violates

the inner personality and will power of its subjects. In the mind of the general public, the hypnotized subject often appears as the will-less tool or puppet of the hypnotist. This, however, is essentially a fictitious view, based on literary versions of the hypnotist-subject relationship, prominent in popular novels and plays of the nineteenth century; these were imaginative accounts that correspond to unconscious, widespread fantasies of a pre-adult kind. [See "Svengali Revisited," by S. David Kahn, Jr. in this issue, pp. 126 to 131.]

But even an expert medical hypnotist of the nineteenth century, Dr. J. H. Delboeuf (*De l'Origine des Effects Curatifs de l'Hypnotisme*, Paris, 1887) was already able to note that "the hypnotized subject preserves a portion of his own intelligence, reason and freedom, quite sufficient to prevent him from performing actions which would be irreconcilable with his character and moral habits." In other words, hypnotic suggestion cannot cause an individual to behave contrary to his basic personality to any greater degree than would be possible through any other kind of influence or enticement.

Those who might view Dr. Delboeuf as too old-fashioned an authority may note that a contemporary American expert, Dr. Milton H. Erickson, states that "hypnosis cannot be misused to induce hypnotized persons to commit actual wrongful acts, either against themselves or others." Those conversant with the specific literature of case histories know, of course, that in a small number of instances suspicion has arisen — and in two or three cases, actual evidence seems to have been presented—that hypnotized subjects have performed, or complied with, unethical or downright criminal deeds. However, and this must be said with special emphasis, not a single such case has been reported from the practice of a qualified and responsible psychotherapist.

If these are the conditions under which hypnosis operates, it would seem that the "dangers" of psychological and psychotherapeutic techniques are still more remote. After all, these techniques permit the subject to remain fully awake and in possession of all his faculties; they are employed with the subject's full consent—otherwise their use would be futile; moreover, as is very often the case with psychoanalysis proper, these techniques demand the careful avoidance of all direct or indirect forms of suggestion. As far as ethical criteria are concerned, it is evident that psychological investigations and psychotherapeutic interventions should be undertaken only by experts in good standing and of proven capabilities, who at the same time abide by acknowledged moral standards.

The question arises as to why, specifically, fears or criticism in this instance are to be restricted to clinical psychology and psychotherapy? Surely, high ethical standards are equally essential in other professional activities, such as surgery, legal counseling, teaching, marriage counseling, to name but a few. Psychology and psychotherapy require ethics and practices of the same high caliber as other professions that affect the life and well-being of the individual—no more, and no less.

Importance of "The Secret"

BEFORE examining the possible basic motivation for the special emphasis notable in Pius XII's address, let us make a brief and purely technical survey of some of his remarks and suggestions. One of the main concerns expressed by him was the need to maintain "ultimate secrets." Such secrets, he specifically stated, "cannot be revealed absolutely, even to one single prudent person."

The paramount problem appears to be this: even if we admit, in principle, that certain topics might be omitted from a psychological investigation, or during psychotherapeutic treatment, without real prejudice to either, who exactly is to define what actually can be omitted, without inconveniences?

Certainly, this decision cannot be left to the patient who is undergoing treatment; his decision would quite naturally reflect a "resistance" or "rationalization" on the part of the subject himself. On the other hand, who but the patient himself could decide where to draw the line between subject matters that are the legitimate concern of the therapist and those that are part of the patient's "inner temple." In fact, if the decision is to be made by someone other than the patient his "ultimate secret" would have been revealed to whoever this outsider might be!

Freud's "Golden Rule"

REGARDING the possibility of "resistances" or "rationalizations" in psychotherapeutic treatment, a witty remark by Freud is pertinent. The remark concerned the "golden rule" of psychoanalysis, the patient's pledge to say everything that comes to his mind. If, Freud observed, we should admit exceptions to this rule, we would be in the position of a state in which criminals are granted full immunity within a limited area, such as a certain square or a particular building. Where Freud asked, would the criminals then congregate, if not inside this specific sanctuary? Similarly, he concluded, if we reserve within the

mental world of a patient a certain area which psychoanalysis may not touch, this area would without a doubt become a stronghold of the patient's unconscious resistances to treatment.

Just as ethics are not restricted to the psychologist or psychoanalyst, so the "dangers" of revealing certain secrets are no greater in these areas than they are in an individual's dealing with the legal profession, or with medical practitioners such as those concerned with the cure of venereal disease or with surgical anesthesia. Always to emphasize this point once again, it is a question of competence and ethics that is our real concern, not the professional specialty that is involved.

In several cases of psychological or psychotherapeutic intervention, the subject's avoidance of "secrecy" is part and parcel of the technique involved. This is not always the case in other professions, such as those already mentioned. Moreover, the well-trained psychologist and psychotherapist—as well as the medical hypnotist—is likely to be particularly sensitive to those criteria of respect for the individual, discretion and professional care which Pope Pius XII emphasized.

Priest and Psychologist

HAVING reached this conclusion, for which there appears to be no scientific alternative, the question naturally arises why the Pope should have singled out those engaged in psychological and psychotherapeutic work in recommending caution, responsibility and due regard for moral principles—to the extent, in fact, of saying that there should be a sort of Iron Curtain in their path which they should not seek to lift, and behind which any subject or patient would be entitled to hide, in accordance with his own judgment.

The answer, I believe, is that Pope Pius assumed that psychotherapy and psychology are unavoidably concerned with an area which has long been reserved for the clergy. The distinction between "soul" and "mental apparatus" is either disregarded or openly rejected by many religious authorities, who consider "spiritual healing" as a form of psychotherapy, and, conversely, regard psychotherapy as a kind of "healing of the soul."

The idea that psychological research or psychotherapy proper have nothing to do with spiritual or religious assumptions—nay, that they deal with psychological functioning and dynamics as watch repairing deals with the mechanism of a clock—is uncongenial to those who expound these views. They maintain that a psychologist or a psychoanalyst, is, or should be, a sort of priest. Finding it impossible to

claim, in the mid-twentieth century, that only ordained priests ough to practice psychology or psychotherapy, they are particularly con cerned about non-clerical professionals who deal with the "souls" o other people. It is from this concern that their recommendations fears and avoidances originate; and it is against this background tha Pius XII's comments on dangers to the human soul, the inner temple must be viewed.

This writer deems it essential to reassure those who may be in clined to share misgivings expressed by the late Pontiff. No religious minded person need fear that a responsible psychologist o psychotherapist will tamper with his subject's "soul," "spiritual destiny or the like. The true, scientifically-minded psychologist—who, indeed may have religious convictions of his own—keeps perfectly neutra and non-dogmatic toward his subject's "transcendental inner world," a world which, by definition, does not come within the province o science at all. Reminders of an ethical or philosophical nature ar undoubtedly to be welcomed; however, the technicalities of psycho logical interventions stand, as such, as apart from the religio-phil osophical plane as any other technique of craftsmanship.

Pius XII on Medical Hypnosis

Pope Pius XII gave his approval to medical hypnosis on Februar 24, 1957 in an address to an audience of physicians and scientists a the apostolic palace in Vatican City. The Pope stated that medica hypnosis was acceptable where it constitutes a legitimate "form o psychic pain prevention."

The Pontiff's speech served as a reply to questions presented i October, 1956, during a Congress of Anesthetists in Rome. The Pope comments also included the use of anesthetics and pain-killing drug He said: "The patient desirous of avoiding, or of soothing, the pai can, without disquiet of conscience, make use of means discovered b science which in themselves are not immoral." The Pope warne against the use of hypnosis for non-medical purposes, by amateur as "simply a hobby."

hildren "act like angels" and adults relax in the dentist's hair, now soothed and calmed by needle-less dental anesthesia

AFRAID OF THE DENTIST?

E. H. Carroll-Clark

[N 1952, at a meeting of the British Dental Association, it was suggested that a society be formed to investigate hypnosis and to etermine its value in the practice of dentistry. A meeting was called nd a committee was elected to explore the possibilities of forming a roup for the purpose of studying hypnosis. Early in 1953 Study roups were arranged on "The Theory and the Practice of Hypnosis n Dentistry."

For some time before the institution of these Study Groups, I had een wondering how to gain a knowledge of the technique and use of ypnosis. I have very many children among my dental patients and I as seeking a method of controlling them. Even at a very early age rilling was disliked and I found the administering of local anaesthesia r analgesia to children extremely difficult. Furthermore children start o fidget after very short periods and then become difficult to handle. had read several articles about hypnosis and it seemed to me that ere was a method which might help me in my dealings with these oung patients.

I attended the second Study Group and I can still recall my amazeent and elation when, on my first attempt to hypnotize another memer of the Study Group, he rapidly went into the trance state. After

finishing the course of study, I practiced my hypnotic technique on i timate friends to improve my fluency and gain as much confiden as possible. My first dental subject was a very nervous lady, terrifi of everything appertaining to dentistry. With an outward show confidence, which I hardly felt, I suggested hypnosis to her as a mea of allaying her fears. She was agreeable, and, to my satisfaction, prov an excellent subject and quickly became a confident and happy patie Since then I have used hypnosis continuously. It has fitted in with t other useful weapons for the helping of the dental patient and arous now no more interest among my staff than a case undergoing nitro oxide anaesthesia.

Dim Light, No Disturbances

AT first I used exclusively the technique taught in the Study Grou I read every article and book about hypnosis I could lay my ha on. It was accepted that, when inducing the hypnotic state, the subj should lie on a couch or sit in a comfortable chair. The room shou be quiet, warm and without noise or distraction. And the light shou be dim. A good hypnotist should, if he found the technique in use n being effective, be able to switch to another technique, which mig prove more suitable. In my enthusiasm, therefore, I saw patients af surgery hours for hypnotic conditioning. For this purpose I used room remote from the surgery, with the desirable features stated abo

I soon found that after patients had been conditioned in a co fortable armchair, they did not take kindly to the more austere a severe dental chair. And I began to realize that, if I spent eve evening conditioning patients for hypnosis, I would never have a free time. It seemed, therefore, that I would either have to spend my free time conditioning patients, or attempt to hypnotize un normal surgery conditions or give up hypnosis altogether.

But I did not want to give up hypnosis. I was having quite a nu ber of successful cases. I was becoming more and more confident a I was learning more and more. I had tried other types of techniq to induce the trance state and I found the subject as interesting as ev My hypnotized patients were becoming more and more appreciati and an atmosphere of relaxation was developing in the practice. M important, I was beginning to benefit myself. I found myself less edge and able to face my problems more confidently and calmly.

So it had to be hypnosis in the surgery only. And the strange p was that it seemed to make very little difference to the success of

nductions. This, in spite of the fact that my surgery faces a main road, vhence comes a constant roar of traffic noises. The telephone and the ront door bells ring frequently and members of the staff move in and ut. The light is very bright. When I first started hypnotizing in the urgery, after inducing the trance state, I used to say that all extrane- us noises would not worry the patient. But many patients told me fter that they were unaware of these noises until I brought them to heir notice. So now I do not mention anything of that nature.

Talking It Over

AFTER testing the induction of hypnosis in the surgery for a few weeks, I decided that at the first visit I would spend ten minutes nly on the patient for hypnotic purposes. The first five minutes is levoted to telling the patient about hypnosis—what to expect and what t is like. At this time, too, I have found that it is important to inquire vhether the patient has another appointment elsewhere after the den- al one, because often he thinks both his and the dentist's time is being vasted. It is important to explain that he will not become unconscious nd that the terms "sleep and awake" are simply ones of convenience; hat he will be aware of what is happening around him, but as he drifts nto the pleasant state of reverie he will become very relaxed and calm, nd will not mind what will be done to his teeth. Often during this hat the patient is intently watching my eyes as I am talking, and I can requently detect the onset of the hypnotic state, even before the actual nduction technique has started.

The second five minutes is spent in inducing the hypnotic state. Vith practice one seems to develop an instinct as to the most suitable echnique to use. But whatever the technique used, and they are egion, I find that it is necessary to talk to the patient constantly. To ost subjects, the experience they are about to undergo is strange. ometimes there is a little fear and apprehension. So they like to be omforted. Frequently, too, there is disbelief that anything will hap- en to them, so it is necessary to keep their attention from wandering.

The techniques I prefer are the "Wolberg hand levitation" and he "Stare."

The Wolberg I like particularly for skeptical subjects; for the people ho say "I'm not the hypnotizable type" or "I don't believe in it really, ut I'm willing to give it a try." When the patient sees his hand stirring nd then slowly begin to lift from his lap, he is so astonished that the ales are immediately weighed against him; his skepticism is con-

verted rapidly into belief and by a subtle use of suggestion the hyp notic state is quickly produced.

In the stare technique the subject stares at the hypnotist's eyes while the latter gives suggestions of heaviness, sleepiness and the like This is a personal technique as opposed to those where the subject stares at a bright object. Here rapport is more quickly established A personal link binds the subject and hypnotist and I obtain deeper trance states more quickly this way than by any other I know.

If in five minutes there is little or no sign of response from the sub ject, I give up the attempt. But before desisting I always give post hypnotic suggestions, especially about easier co-operation at the next visit. It is astonishing how amenable and relaxed these patients are at the next visit and often they become hypnotized quite easily then As in most of these cases I have given a local anesthetic before begin ning the hypnotic period, very little time is lost.

"Relaxation," a Magic Word

MANY patients are afraid of hypnosis. Often too, husbands or rel atives of influence object to the patient being hypnotized. But all patients are anxious to be relaxed. Today, relaxation is the magic word. It is the answer to all the stresses and strains of life and it even makes the visit to the dentist tolerable. In these cases one's experience in hypnosis can be used to great advantage. The hypnotic technique is applied, but the word sleep is omitted. The emphasis of the whole of the technique is on the word "relaxation." Here there is practically 100 per cent result. Confidence is gradually established with a con sequent loss of anxiety and fear.

Once good rapport has been brought about between the subject and the hypnotist and the patient has proved to be hypnotizable, a signal for the future induction of the hypnotic state can be arranged between them. This arrangement is made under hypnosis, and at the same time the suggestion is given that as the patient enters the hyp notic state his teeth and gums will lose all their sensation. This means that within a few seconds of the patient's being seated in the dental chair, he is relaxed, calm and without fear, and his teeth sufficiently anesthetized for most dental operations to be performed easily and comfortably. I know of no other method of producing painless den tistry so easily and so quickly. Very many patients learn to produce their own hypnosis. They sit down, close their eyes and are ready for whatever might befall them.

All dentists should make good hypnotists. They are already practised in the use of suggestion. Be Calm . . . Relax . . . This Won't Hurt! All people associate dentistry with pain, so the majority attend with fear and apprehension and are, therefore, willing to undergo any type of treatment that will alleviate this fear. Here is a ready-made clientele, eager to try even hypnosis. A dentist, whose practice is based on the preservation of teeth, has select groups of patients returning at regular intervals for inspection and treatment. These patients, interested in their health and personal appearance, are usually of the higher intelligence level. Soon, a good patient-practitioner relationship grows up and these patients become well conditioned for the receipt of hypnosis. Dentists, too, are accustomed to giving orders, albeit in a kindly way, and the patients to obeying them. All this adds up to making hypnosis easy for the dentist and the percentage of successful inductions high.

Requests for Hypnosis Increasing

THERE is a growing awareness among the public that hypnosis has much good to offer in very many ways. Almost daily one reads in the newspapers reports of cases where people have benefited through suggestion given while in the hypnotic trance state. The requests for hypnosis in dentistry are increasing and I am sure that, as the demand grows, the inducing of the hypnotic state will become easier and easier.

Fellow practitioners often ask me why I am so keen on hypnosis as a dental weapon, when the other methods are so satisfactory. As when I first became interested in hypnosis, the control of children is the main consideration. Children hypnotize very easily and when they are in the trance state they look like angels and behave like them. They remain perfectly quiet for as long as one wants and do exactly as they are told. This means comfortable working conditions, without strain to the dentist. With hypnotic and post-hypnotic suggestion the wearing of orthodontic appliances becomes less irksome.

As far as adults are concerned the benefits are varied and manifold. During long periods of treatment the patient can be kept happy and comfortable with hypnosis. It is much appreciated during preparations for bridgework and the surgical removals of impacted wisdoms. In the case of the latter, post-hypnotic suggestions of uneventful and painless healing, control of bleeding and swelling, usually work like a charm. Furthermore it is possible to control the flow of saliva and of blood; two desirable features, whatever the operation might be.

I have dealt with some post-operative dental hemorrhages by hyp nosis and the results have been dramatically successful. None of th patients had been hypnotized before and some I had never previousl met, as they were patients of other practitioners. One of my patient had a severe hemorrhage following the extraction of a loose lowe wisdom. It was an extremely simple operation and I was rather sur prised when the patient returned to the surgery some hours later wit blood literally pouring from the mouth. On examination, I foun blood being pumped from the socket at an alarming rate. A pad c cotton wool was placed over the socket and the patient asked to clos his jaws together lightly. He was then told he was going to be hypno tized to stop the bleeding. He responded to the induction and a sug gestion of hemorrhage control was given.

Hemorrhage Stopped

TWO minutes were allowed to elapse and, on removing the sma pad of cotton, it was found that the bleeding had stopped and firm clot had formed. Stronger suggestions that no further bleedin would occur were then given, together with suggestions of good slee and amnesia of his unhappy experience. The patient telephoned in th morning. There had been no further hemorrhage, he had slept we and felt like a new man.

I believe that all patients benefit from hypnosis, even those wh have not apparently responded. They do seem to respond to the sug gestions given. As all the dentist is interested in from the hypnoti state is calmness, freedom from fear and, if possible, the productio of analgesia or anesthesia, all patients come into his hypnotic orbi

From the general practitioner's point of view the time that is spen on hypnosis is repaid a hundredfold. There is much I have not touche on. We are only scratching at the surface of the possibilities of hyp nosis in dentistry. The future holds an exciting field for experimenta tion and research in this fascinating subject. If all one's effor converted only one patient from a dental wreck into a happy an contented person, everything will have been worth while. But thes conversions run into hundreds.

The public should be educated to the realization of the tremendou value to be derived from a clearer understanding of hypnosis and i value in the practice of medicine and dentistry. The recognition an acceptance of hypnosis by the British Medical Association was th first big step in this direction.

Mesmerism and psychic phenomena, once thought inseparable, parted company about 1900—will they come together again?

MESMERISM, HYPNOSIS AND PSYCHIC RESEARCH

Jule Eisenbud

ONE of the most ironic occurrences in the strange history of hypnosis is the pathetic statement given by Dr. John Elliotson about 865, when he was nearing eighty. Years before, Elliotson had chosen o resign as Chief Physician of the University of London Hospital ather than give up the use of mesmerism as a medical tool, and in 843 he had founded the journal *The Zoist* in order to carry on the attle. But now neither he nor his disciples were any longer able to et results. "I believe that in what I originally saw," he stated to the hemist Benjamin Richardson, "mesmerism played the parts precisely hat I claimed for it. It is a wicked error to suppose that I was a party o a deception, or to a whole series of deceptions, if you like; but I ndidly say . . . that mesmerism, at the present moment, has no power o remove pain. It is a mystery; it had power, and I once saw a leg ainlessly removed under its influence; but we are now in another ycle, and it seems to me that there are special periods only in which esmeric phenomena can be induced."

Elliotson was quite correct in relating his latter day lack of success ith hypnosis, as we now call it, to "cycles" of some sort. However, wasn't hypnosis which had failed — there is no such thing in any se as hypnosis *per se*—but, in some way, Elliotson himself; and this

failure was not due to a purely external influence, as he supposed, b was more likely the result of subtle psychological and, in a stran fashion, parapsychological causes. It had happened to other peop it would happen again; it is happening still.

Mesmerism, Music and Mystical Magnetism

ELSEWHERE in this issue the bizarre beginnings of hypnotism a told in the story of Franz Anton Mesmer, the Viennese physici who believed that the human body possessed a property similar to th of magnets, supposedly carried by a universally diffused fluid, op ating reciprocally between heavenly bodies and all living things.

However, one can search far in the current literature without d covering that in its very beginnings hypnosis was considered t method *par excellence* for calling forth and demonstrating those o scure faculties of the mind—thought-transference, clairvoyance, p vision—which have mystified mankind from ancient times.

In 1784 the Marquis de Puységur, one of Mesmer's foremost d ciples, reported his experiences with a taciturn and seemingly stu peasant who in a somnambulistic trance was not only able to conve fluently and intelligently but also showed remarkable "clairvoya powers. (In the early literature our present distinction between te pathy and clairvoyance was not made.) Others soon reported simil findings, but little notice was taken of these fringe effects.

The same year that de Puységur published his *Mémoires*, anim magnetism was banned by the Faculty of Medicine, French Acade of Sciences. But the interest in mesmerism continued in France a Germany. One of the most interesting reports in the literature of t period was that of a minor government official at Dusseldorf w was so impressed with the effects of animal magnetism that he tempted to project his magnetic influence into the minds and drea of friends at a distance, the first time, possibly, that a delibera attempt was made to manipulate the will in an experimental way order to produce the extra-sensory transference of thoughts and imag

An Answer from the Subconscious

IN the *Archiv für den tierischen Magnetismus* (Archives of Anim Magnetism) of 1819, H. M. Weserman reported five such succe ful experiments, of which one is of particular interest because of incidental distortion which showed up in the result and was duly a conscientiously described. "An elderly person in G.," runs the accou

"was to see in a dream the funeral procession of my deceased friend C. When I stopped by on the following day her first words were that she had seen a funeral procession in her sleep and had learned on inquiry that I was the corpse. There was thus a slight error." It is just this "slight error," the equivalent (at least to psychoanalysts) of a "drop dead" on the part of the captive subject, which gives the ring of authenticity to this otherwise inadequately reported series.

Later, the truly experimental association of hypnosis and "thought transference" began to take hold. In his *Traité du somnambulisme* published in 1823, Dr. Alexandre Bertrand, a great psychological clinician and probably the first to break away from the magnetistic theories of Mesmer, described experiments in which he verbally commanded his entranced subject to do one thing while *willing* her to do the opposite. Unable to solve this conflict situation, the subject would show signs of increasing agitation which Bertrand could not resolve except by making his willed and verbal commands coincide.

This work seems to have fired the imagination of other investigators, and in 1825 Baron Du Potet and Dr. Husson described experiments in which they claimed successfully to have induced somnambulism from a distance and independently of any agency other than the will of the operator. A committee of the French Royal Academy of Medicine, of which Dr. Husson was a member, sat from 1826 to 1831 to investigate these claims. It reported that the will of the experimenter alone was sufficient to entrance a subject "at a certain distance and across closed doors." This opinion was completely reversed, however, in 1838, when a seven-man committee of the Academy of Medicine failed to find anyone who could qualify for a prize of three thousand francs by reading without the help of his eyes, light or touch.

Community of Sensation

INTEREST in mesmerism and its curious side-products was carried across the channel to England by Du Potet. As a result of this contact, John Elliotson, in 1847, reported the hitherto unknown phenomenon of "community of sensation," which he accidentally discovered to be a feature of the mesmeric rapport between himself and one of his patients. To the apparent satisfaction (to say nothing of astonishment) of several lay and medical witnesses, he demonstrated the ability of a mesmerized subject to experience tastes, smells and experimentally induced pains that he himself was experiencing, with no obvious contact between himself and the subject.

This report brought attacks on Elliotson's sincerity and sanity, which his fiery counterdenunciations merely inflamed to the point of outright persecution. Later the tragedy previously mentioned occurred, that the power he had fought for and given up so much for ultimately deserted him. In his last years he was unable to induce even simple trance in a subject.

For a few years sporadic reports of the incidental wonders associated with mesmerism kept cropping up on the continent and in England. But after the end of Elliotson's journal *The Zoist* in 1855, little more was heard from the mesmeric school of animal magnetisers, as the followers of James Braid gained in importance. Mesmerism now became more or less officially hypnotism, which could be produced by optical fixation and simple verbal suggestion, and in this new garb, from which every trace of the occult had vanished, it started knocking all over again at the back door of science.

For over twenty years hypnotism remained on its good behavior while its advocates, still far from respectable in the eyes of the medical and scientific world, tried to explore its phenomenology within the limits of tolerable decorum. Then one of its investigators broke ranks. In 1876 William F. Barrett, a Dublin Professor of Physics who later played a large part in organized psychical research in Britain, read a paper before the august British Association for the Advancement of Science (which had first refused it). In this paper the claim was again put forward that community of sensation between operator and subject, and remarkable clairvoyant phenomena (including "traveling" clairvoyance—in which a subject projects his mind to a distant scene and reports what is going on there) could indeed be observed with certain individuals under hypnosis.

Founding the Society for Psychical Research

THE lid was off again, and for the next few years one report after another carried accounts of the baffling occult aspects of hypnotism. One of the first things the British Society for Psychical Research did, on its founding in 1882, was to appoint a committee to investigate mesmerism in general and its relation to thought-transference in particular. Falling into the controversy on methods of inducing trance which has never failed to engulf investigators of hypnosis, the committee had little success in substantiating Braid's claims that subjects could be entranced without mesmeric passes, but had no trouble in confirming the work on community of sensation.

The first report of the committee in 1882 describes two series of experiments in which the hypnotized subject was placed blindfolded in a chair with his back to the hypnotizer. In perfect silence someone would pinch or prick some part of the latter's body and the hypnotizer would then ask the simple and uniform question, "Do you feel anything?" In the first set of experiments the hypnotizer held one of the subject's hands, but as this was soon found to be unnecessary, the later experiments were carried out without physical contact of any kind.

The hypnotizer's right ear would be pinched, his left toe stepped upon, his hair pulled, etc. Out of a total of twenty-four trials for transference of sensation, the exact spot was indicated no less than twenty times by the subject, who would cry out, "Who's pinching me?" while rubbing the corresponding part, or strike his ear as if going after a troublesome fly (when the experimenter's ear had been pinched) while exclaiming, "Settled him that time!"

The significance of this work lay not in the novelty of the phenomena reported but in the rigor of the experimental controls instituted and in the cautious attitude of the investigators toward their data.

Meanwhile telepathic phenomena had begun to manifest themselves in connection with the work in medical hypnosis being carried on in France at Liébeault's clinic at Nancy and under Charcot at the Salpêtrière in Paris. In a paper read in 1885 before the Society of Physiological Psychology, Pierre Janet, an up-and-coming young psychiatrist and neurologist, described his first experiences with Léonie, a naive peasant woman who was then a patient of Dr. Gibert at Havre. Janet had gone to Havre to investigate the claim that Gibert could entrance his subject by merely willing her to sleep. Thoroughly skeptical at first, Janet soon found that he himself seemed able to accomplish a similar result on several occasions.

One day he caught Gibert off his guard at a time when the latter was not in the habit of working with his subject. He asked Gibert to hypnotize Léonie there and then, Léonie at the time being in another house five hundred meters away. This attempt was completely successful, as Janet at once verified to his utter astonishment.

The "Highly Suggestible" Leonie

IN a later series of experiments, which Janet reported on some months later, Léonie was not only repeatedly hypnotized at a distance, and in the presence of a half dozen lay and medical witnesses, but was also made to carry out post-hypnotic commands *mentally* given. Of

twenty-one trials done over a period of days at distances of at least five hundred meters, no less than fifteen were adjudged complete successes. The times for the trials were picked by lot out of a bag by the observers. All trials in which Léonie was not found in deep trance when the investigators entered her house, or where the trance did not follow the mental suggestion within a quarter of an hour, were counted as failures. The post-hypnotic commands successfully carried out were simple acts such as going into another room and lighting a lamp in broad daylight.

Evaluating the results of these experiments, Janet wrote: "Are we to imagine that on sixteen (*sic*) occasions there was a rather exact coincidence? Such a supposition is a little unreasonable. Was there at any time involuntary suggestion on our part? All I can say—and say this with utmost sincerity—is that we took every possible precaution to avoid this." (F. W. H. Myers, who made a four-day stay at Havre in order to observe these experiments, wrote: "Professor Janet was kind enough to allow me to peruse his notes, taken mainly at the actual moment of observation; and . . . I can vouch for the scrupulous care with which he has compiled his account of the case.")

Léonie was subsequently studied by Charles Richet, Professor of Physiology of the Faculty of Medicine of the University of Paris, who successfully duplicated the results of Janet and Gibert. He also attempted *le sommeil á distance* with three other "sensitives" but found that his experiments with Léonie were by far the most successful.

Besides the papers of Janet, four other papers on telepathic hypnosis were read before the Society of Physiological Psychology in 1886. One of them described successful experiments over a distance of ten kilometers. Another was an amusing communication by Professor Béaunis, a physiologist who had been working with Liébeault at Nancy. "The subject," wrote Béaunis, "is a young man, a very good somnambulist, healthy, a little timid. He came to M. Liébeault's home with his cousin, a girl who was also a very good somnambulist, who is being treated by hypnotism for a nervous condition.

"M. Liébeault entranced the subject and said to him during his sleep: 'At your awakening you will carry out the act that will be ordered *mentally* by those present.' I then penciled these words on a piece of paper: 'Kiss his cousin.' These words written, I showed the paper to Dr. Liébeault and to some others present, suggesting that they read the words with their eyes only and without pronouncing even with the lips a single word they saw, and I added: 'At his awaken

ing, you will think intensely of the act he is to carry out, without saying anything or making any sign that might indicate what you are thinking.'

"We then woke the subject and awaited the results of the experiment. After a little while we saw him laugh and hide his face in his hands, and this kept up for some time with no other result. I then asked him: 'What's the matter?' 'Nothing.' 'What are you thinking?' No response. 'You know,' I said to him, 'that you should do something that we are thinking of. If you don't want to do it, then tell us at least what you are thinking.' 'No.' Then I said to him: 'If you don't want to say it out loud, whisper it in my ear,' and I went over to him. 'Kiss my cousin,' he said. Once the first step was taken, the rest of the mental suggestion was carried out with good grace."

Sudden Appeal of Other Fields of Interest

NOW comes a puzzling thing. With the exception of several accounts in the 1890's, practically all work on the telepathic aspects of hypnosis came to a standstill with the end of the decade in which its most significant and most promising results were achieved. One would imagine that the writers of these reports might have felt something of the "wild surmise" of Balboa catching his first breathtaking view of the vast Pacific Ocean from a peak in Darien, might have sensed that no other studies they were likely to pursue could possibly match in importance the experiments they had barely embarked upon, would have starved, if need be, to continue with investigations that might have held the key to profound enigmas in biology, medicine, anthropology, sociology, philosophy and other riddle-wrapped subjects.

But nothing like this seems to have developed. Janet suddenly found that the quirks of his hysterical patients at the Saltpêtrière presented a much more rewarding field of study, and Richet returned to his physiology and to other types of psychical phenomena. Of the others —Geley, Dufay, Béaunis, Héricourt, Liébeault, Backman—history does not tell. Suffice it to mention that not very long afterward, Milne Bramwell, who had personally witnessed some of Liébeault's experiments in telepathy under hypnosis, could finish the subject off in the second edition of his classic *Hypnotism, Its History, Practice and Theory* (1906) with the stuffy pronouncement that "I am quite ready to be convinced of its existence if any one can divine even as few as six out of every dozen cards selected by the operator under circum-

stances similar to those described." This would have amounted to odds of billions to one.

The fact is that hypnosis, which once gave promise of being the Aladdin's lamp of psychical research, has now sputtered down to a feeble, dying glow. It is certainly not now considered the great hope of parapsychology, despite the laudable efforts of Professor Hornell Hart, formerly of Duke University, who in 1953 collected sporadic cases of hypnotically induced E.S.P. experiences published as late as the nineteen-twenties, and some recent work, such as the experiments reported by Jarl Fahler in this issue. For the most part we hear today only echoes of what Professor C. D. Broad of Cambridge University stated in 1948, in leading off a symposium in the *Journal of Parapsychology* on "A Program for the Next Ten Years of Research in Parapsychology." Referring to the "many seemingly well-attested stories of what is called 'traveling clairvoyance,'" he wrote: "It astonishes me that psychical researchers do not make a serious attempt to repeat such experiments and see if they can reproduce the verifiable results which have so often been claimed."

What can have happened? As far as the paranormal effects go, was everything a mirage? Was a host of investigators, some of them, at least, of the highest scientific calibre—and every one of them ready to risk reputation and livelihood—taken in by the Lord knows what kind of fool's gold, gulled perhaps by unconscious needs for the miraculous as completely as Titania in *The Midsummer Night's Dream*? Is some obscure set of cryptic cultural factors responsible for the fact that now you see it, now you don't? Has it possibly to do with the waxing and waning of a mysterious solar influence, as the discouraged Elliotson came to believe when he could no longer get results after almost twenty years of uninterrupted success?

The Appearance Before the Decline

THE fault, I believe, lies not in our stars but in ourselves, and in the psychological contradictions to which we are peculiarly prone. Hypnosis has been "rediscovered" several times since Mesmer (actually his was also a rediscovery of an anciently and ubiquitously known phenomenon). Each time it has flourished briefly, advanced up to a certain point, and then ended by capturing the *dis*interest, so to speak, of its generation.

It is my impression that each time this has happened it has been closely related to the inevitable rediscovery, after the equally in

evitable preliminary stages had been gone through, of the phenomena related to telepathic hypnosis—of the fact that one person can influence the thoughts *and actions* of another not just openly and in broad daylight, by means of passes or verbally communicated suggestions and commands in heavily structured situations, but covertly, at a distance, and without physically conceivable means of mediation at all. It has always been hypnosis at a *distance*, with its post-hypnotic commands *mentally* given, which has re-emerged from the shadows before the decline and deterioration of the whole movement set in. Why? What sort of Pandora's box is this?

Perhaps I can contribute something from my own experience with this unusual phenomenon. Some years ago I made my first try at hypnotizing at a distance. The experiments were very informal and the results rarely seemed to fall out in a completely straightforward, uncomplicated way. I cannot do justice to them in the short space I have left, but perhaps someday I will present them in a proper form.

Nevertheless, the point I have to make is not the success of the experiments—for I *did* succeed in getting several subjects to perform acts according to suggestions given mentally while they were at a distance—but the fact that I could not seem to work up the enthusiasm to push the experiments to a proper conclusion. When one of my subjects confessed, after I had been doing "hypnosis at a distance" experiments on him for some time without informing him of that fact, that he was beginning to become painfully obsessed with thoughts of me, I called a halt to the whole business and have never tried it again.

It has been fourteen years since these attempts on my part to try hypnosis and telepathic influence (which I consider much the same thing) at a distance. Although I fully agree with Professors Broad and Hart that a crucial need exists for further experimentation along these lines, I have not done a thing about it myself. Several times during these years I have experimented with telepathic and even precognitive effects with the aid of hypnosis and, as I have reported elsewhere, the results I got were for the most part merely curious side-effects that only psychoanalysts would be likely to find at all interesting.

Richet's "Sleep Induced at a Distance"

AT least I know what Richet meant (or at any rate thought he meant) when, after giving up his progressively more futile experiments with *le sommeil provoqué à distance*, he wrote: "I know undoubtedly that I should have repeated this interesting experience with

more precision; but in matters of this kind, one can't always do what one wants, and those who have experimented should know what difficulties of all sorts, moral and otherwise, attend the methodical pursuit of experimentation."

It may come as a surprise to those who think that they are reasonably sure of their feelings, and who imagine that they would unhesitatingly trust themselves with any secret powers which might be magically bestowed upon them, that just the opposite is universally the case, at least in members of highly civilized societies. Psychoanalysis has demonstrated how deep in each individual is his fear of what lies hidden in him, of the powers which only in his most secret and well-camouflaged dreams does he allow himself to toy with. It is precisely such powers, of course, which hypnosis sooner or later reveals to us, especially when dealing with the "black magical" arts of hypnosis at a distance. This is one barrier through which only the most audacious can bear to pass for any appreciable number of attempts.

Meanwhile, if we lack the courage for further flights in this field, it is possible to make fearless statistical assaults on aspects of psi phenomena which, in so far as they are mostly concerned with the purely passive extra-sensory perceptive side of things, do not threaten to lead to any embarrassing conclusions. (Even these results fizzle out sooner or later, lest we get too nosy.)

True, we occasionally tease out of dice what looks deucedly like a "psychokinetic effect," statistically speaking of course, and we cluck mysteriously over precognition, which we invent fantastic time theories to account for. But we haven't yet begun to put two and two together. Telepathic hypnosis and influence at a distance continues to remain an old wives' tale, an unsubstantiated bit of folklore that every agency and institution in society, including its deviant activities such as parapsychological research, seems bent on keeping unsubstantiated.

At the moment, hypnosis appears to be in the "up" part of its cycle; will the "inevitable" reaction once again set in? If it should, and hypnosis should be once again put aside and forgotten, we may be sure there will also be a voice or two somewhere to mutter, paraphrasing Galileo's statement when his theory on the movement of the earth was condemned . . . "But it still works!"

"Hypnosis must not be a means of escape or self-dramatization, but a way to fuller understanding of man's total experience"

ROADS TO GREATER REALITY

Eileen J. Garrett

HYPNOSIS does not stand alone in human experience, like a tree in a desert. To understand it more fully, we must see it in its relation to other similar experiences. Experts in this field know, to a great extent, how hypnosis works, and what it can accomplish. However, it is much more difficult to delineate exactly what it *is*, and to draw strict lines separating its related states of sleep, suggestion and trance.

Once this is established, once we humbly admit the limit of our knowledge, we are free to roam the varieties of our own experience in search for clues of deeper understanding. In my own case, which has included experiences in self-hypnosis as well as hypnosis under medical supervision, many years were spent in activities involving mediumistic trance, both inside and outside laboratory settings. Despite these years of experience, I cannot be dogmatic about these different states of mind. I can simply state my own reactions—how it feels to be the subject, to be on the "inside" in self-hypnosis, hypnosis and mediumistic trance.

Self-Hypnotic Trance Since Childhood

IN MY own case, auto-hypnotic trance developed as part of an innocent escape process in childhood days. I continue to practice it. Perhaps a desire to escape plays a part, having its origin in the daydreaming and imaginary play of a child who had few close playmates. Later in life, self-hypnosis developed to a point where it became identified with amnesia. Eventually it grew into a means for perceiving and receiving information from the living—clairvoyantly, telepathically—and apparently from the dead, through mediumship.

First, then, what do I mean by self-hypnosis? It is withdrawal from the conscious self into an area of the non-conscious self, where the objective mind can no longer invent nor predict activity. And yet, within this other mind, life is being worked out on a different level—a level not particularly identified with others, nor with the self as such, but a place within, an inner world, where a battery of symbols takes over its own area of rhythmic sound and color.

These symbols fall into place, to create an imagery that is unrelated to local life feelings or immediate needs of the body. One floats, as it were, as does the unborn infant, in an ocean of color and light. This can be a frightening experience, if one comes upon it suddenly in one's maturity. I had the good fortune to enter it at an early age, when the mind, not too far removed from the mystery of birth, was able to accept wider dimensions in time and space, without being frightened by religious and everyday patterns of maturity. The realm of mystery had not yet departed. What might be regarded as alien and dangerous by the adult world had no power to inflict doubt on the mind of the child.

The acts of imitation within an objective world, where youth learns its responses in the process of growth, were not necessary; instead, an effective annihilation of too much dependence on others took place, so that the child became coherent to herself and yet remained "active" within the great field of symbology which finally she learned to bring under disciplined control. By keeping this door open to the inner territory of the self, one continues to live within this instructive wonder world of self-awareness. Within this level of experience one knows that there is a dwelling place for anonymous forms, minute as well as great—and at times overwhelming—from which the objective mind draws, and knows how to create its own color and strength.

Today, in order to place myself in an auto-hypnotic trance, I begin by suggesting to myself that I am withdrawing from the world of

reality. In a moment I close my eyes to the external world. I am no longer listening or taking note of anything. I am going within, within, and within.

This is more or less an automatic process. Gradually I begin to feel a sense of excitement in the lower areas of the body. As though I had pulled a lever in the mind, a change in perceptiveness enables me to listen to myself speak. And I am speaking from a region that is more basic and authoritative, so it automatically seems to me to sound more definite than if I were speaking with my eyes open.

I then slow down the speaking process, until the time comes that I withdraw deeper and further away, into a stage of absolute quiet, where I know that everything in the mind will really cease to be of any particular importance.

Then comes that moment when I have finished shifting gears. I become aware that I now have to produce, as it were, a new method of breathing. Eventually I will want to take more oxygen and I will yawn the conscious mind out of existence and begin to operate on another level.

Listening to the Hypnotist

I AM often asked whether it is easier to go into an auto-hypnotic mediumistic trance than it is to be placed under hypnosis by a physician. In the auto-hypnotic trance there is a sense of travel, of getting away from everything. On the other hand, when placed under hypnosis by the physician, I am always peculiarly mentally alert. I am listening to what he tells me; at the same time, I am telling myself that I must be in contact with him on another level, so that I will be ready, anxious and willing to obey.

Nevertheless, as he talks to me I am fast losing active consciousness and I am setting up, as it were, two gateways: one through which his words may reach me all the time; and another, through which my own mind will not function. So, working with a hypnotist gives me a much more restricted area than I have when I work auto-hypnotically.

The mediumistic trance utilizes more than just the normally automatic consciousness that operates through known senses. It calls upon an additional consciousness, seems to insist on examining, taking in everything, even though it may not be comprehended. Now, when we let that idea of the consciousness emerge, it displays so much energy, it has so much more "life," so much more to give of energy, that there is the tendency for internal drama to be personified, that the inner

excitement may show itself through all kinds of histrionics that are difficult to discipline. The mind, released from what we would call the ordinary "normal" way of our thinking, is frisking about like a young dog, ready to fetch and carry all kinds of the most exciting bits of stuff that it finds on the way.

Our minds, like the atmosphere, would seem to be loaded with bits and pieces of thought or fact. We are like birds, going out to gather oddments from which to make what we might call "the nest of the mind." This process goes on, whether under auto-hypnosis, or hypnosis from the outside. The essential difference is that, under hypnosis, I am subject to the doctor-hypnotist's wish and will, as soon as a condition of empathy has been established.

Auto-hypnosis, on the other hand, places me under my own suggestion. In a sense, it permits me to roam more widely. But this is largely a matter of degree. In both instances, the same reactions and mechanisms are at work. Indeed, in self-hypnosis, I will address myself as would an outsider, saying, "Eileen, you will now slowly relax, you will grow more passive, etc."

Not Too Much Rigidity

THE questions may be asked: Are there any "practical" uses of auto-hypnosis? Can the average person make use of it in his everyday life? I would not suggest this practice for others, unless the soul seems to demand it. The benefits of the control of the inner and outer self are not to be measured in terms of a "practical" result, as a rule. Their value is rather to be found in a certain mental detachment that allows a person to examine theories, ideas and needs, free of inner contradictions.

A certain form of self-suggestion, not actually auto-hypnosis, of course, but rather resembling prayer, may be of some use. Before starting out for my work at the office in the morning, I occasionally run over in my mind the things I will have to do, saying to myself to notice this and not to forget that. In that way, a moment of quiet helps a person arrive at work, ready to observe and quick to react although still ready to accept the objective pattern of activities in the way they may fall out.

It is certain, however, that we gain insights from the various levels and forms of hypnotic experience. These new understandings suggest to me that much fruitful scientific work may be derived from a study of mental association.

The focus of complete consciousness remains little understood. So are the conditions that govern the effects of hypnosis itself. Any study of awareness, or even of the conscious mind and the "sister mind" which can be reached by hypnosis, would be richly rewarding. It might enable us to understand, moderate, inhibit, excite or depress the consciousness, enabling it to realize itself more fully, to renew itself from tensions that restrain it from functioning fully.

Freed of tensions, and conflicting tendencies, the mind can become more powerfully useful, able to utilize its rich endowments. There are various systems of mind-curing at work outside medical professions. Some of them are only half-understood by the amateurs who use them, who, however sincere, do not take into consideration what stimulation may do to the nervous system. I believe, nevertheless, that there is here at hand this ever-ready application of the mind to serve the best mental and physical interests of the individual. Modern methods of hypnosis point a route of entry into this area of self-awareness. The threshold to these intimate areas of the mind can be crossed through the patient suggestion of physician or therapist.

Hypnosis: A Mystical Union

NONE should enter there casually, for within is a wider landscape which permits "vision" and "communication." One should pause here to warn that, while the mind of man is capable of knowing reality and seeks to know it, the wise hypnotist will remember that within hypnosis a mystical union is resolved, when the conscious will has been temporarily abandoned. It becomes essential that the operation itself should be toward enlightenment, that when one is relieved of self-conscious effort, one should enter into a realm of innocence, where each muscle of the inner self is called upon to produce greater energy, stimulation and knowledge.

Hypnotism should never be regarded as a form of "spoon-feeding" of one person's strength by another's will. It should be a purposeful effort to seek for better means to the spiritual gifts by which the relationship of those concerned brings forth a deeper knowledge of the goal of life.

One must regard this entry into deeper awareness as a vital operation of giving, and one must realize that within its mystical state, men are freed to a better understanding, one of the other. Nor should one enter this area of mind in order to limit the human will. Rather, it becomes a freer union, where fellow-seekers are privileged to move

within new levels of "thought-fullness," wholely and wonderfully alive.

This inner self, while tremendously "active," can also be a useful haven, not in the sense of "inactivity" or "unhappiness," but in the sense of inner relaxation, a lack of discord. Above all, it should not be regarded as a measure by which one becomes aloof, for there is danger that in seeking within, one may also seek to escape, which brings neither peace nor sanctuary. It is only the reality of self-possession that makes for full participation in the world around us. Hypnosis or self-hypnosis therefore must function, not as means of escape or self-dramatization, but as roads to a fuller understanding of the existence in which man dwells. Such deeper knowledge may help us to enrich and renew the devastated life that makes up today's civilization.

"A Wonderfully Instructive Example . . ."

"We learn very quickly the things we really want to learn. But the things we *really* want to learn are the things which satisfy our physical needs, the things which arouse and justify our darling passions, and the things which confirm us in our intellectual prejudices. Thus, in any field of science, new facts and new hypotheses are accepted quickly and easily by those whose metaphysical beliefs happen to be compatible with the new material. They are rejected (or, if accepted, accepted very slowly and grudgingly) by those into whose philosophy the new material cannot be fitted—those, in a word, whose intellectual presuppositions are outraged by the facts and hypotheses in question.

". . . A wonderfully instructive example of this truth is provided by the history of hypnotism in its relations with orthodox medicine—the history, that is to say, of an extremely odd and still unexplained phenomenon in its relations with a body of anatomical and physiological facts, with certain officially sanctioned methods of treatment, with a system (in part explicit, in part tacit and unexpressed) of metaphysical beliefs, and with the men who have held the beliefs and used the methods."

*Aldous Huxley (*Esquire, *October, 1956)*

Western experiments in reincarnation, long a major concept of Eastern religions, are examined by an Indian parapsychologist

REGRESSION "BEYOND BIRTH"?

C. T. K. Chari

THE "Search for Bridey Murphy" has reopened the question whether ordinarily inaccessible memories can be made available in the deeper states of hypnosis and whether research along these lines may not provide evidence for reincarnation. Morey Bernstein, in his "Notes on Age Regression" appended to his book (*The Search for Bridey Murphy*, New York, 1956), advances the opinion that "age regression" as well as a "heightening of memory" probably occurs in the deeper states of hypnosis although fact and fancy may be curiously interwoven in all such experiments. I should like to review here the research in this field.

Earlier investigators like William McDougall (*An Outline of Abnormal Psychology*, London, 1926) and H. E. Wingfield (*Introduction to the Study of Hypnotism*, London, 1920) have testified that the power of recall of seemingly forgotten incidents, especially those of early childhood, is greatly increased in hypnotic states. Morton Prince, in his monumental book *The Unconscious*, (New York, 1914), narrated how, in attempting to cure a girl of hysterical tics, he evoked the memories of events which had occurred six months earlier. Sidney Wilkinson, in a paper he contributed to the *Proceedings of the Society for Psychical Research* (Part LXIX, 1914), reported how a

Miss A., when hypnotized, appeared to remember events connected with a bridge, which had occurred when she was three years old. Her mother is said to have corroborated the memories. Pushed farther back, Miss A. remembered that she had been ill on the second aniversary of her birthday. She even drew a sketch of the room with the fireplace, window, door and cot. In the waking state she had no memory of these events, not even of the house she had lived in at the date.

Boris Sidis, one of the pioneers of psychopathology recounted (*The Psychology of Suggestion*, New York, 1898), how he hypnotized a subject, suggested to him that he was only ten years old and asked him to write something. The subject started writing from right to left. He signed his name not in English but in script used by Eastern Jews. It transpired that the subject had known no other alphabet when he was ten years old. His brother, who witnessed the experiment, testified that there was an actual resemblance to the handwriting the subject had exhibited when he was ten years old. Sidis furnished facsimiles of the script produced by the subject.

Memories of Earlier Lives?

MOREY Bernstein's experiments were anticipated decades ago by the French psychical researcher Colonel Albert de Rochas. In his book *Les Vies Successives* (*Successive Lives*, Paris, 1911), he described the experiments he had carried out to find out whether hypnosis could evoke memories antedating the present life of the subject. He used two kinds of passes, transverse and longitudinal. The transverse passes seemingly facilitated a "traveling forward" in time and the longitudinal passes a "traveling backward." An orphan, Mlle Mayo, who had been reared at Beirut when she was young, was pushed back to an age of ten years in hypnosis; she gave the Moslem greeting which she had completely forgotten in her waking state. With Eugenie, a widow of thirty-five, de Rochas evoked an ostensible precognition of events which would occur in her thirty-seventh year. The hypnotized Eugenie manifested the symptoms of childbirth. When she was pushed forwards two more years, she manifested new symptoms of childbirth while "on water." De Rochas stated (though with a regrettable lack of corroborative details) that the events predicted came to pass in 1906 and in January, 1909 the second child was born on the bridge of Isère. Was it precognition or the fulfilment of an auto-suggestion? We cannot tell at this date.

Pushed back into the past by the longitudinal passes, all the subjects of de Rochas reported a brief lethargy, a "gray period," before birth and then the closing scenes of an earlier life. The orphan reared at Beirut, Mlle. Mayo, carried back to a "previous life," insisted on calling herself Lina. She claimed to be the daughter of a fisherman in Brittany. She had married Yvon. Passing to a still earlier life, she claimed to be Charles Mauville, a clerk in a Ministerial office in the time of Louis XVIII. De Rochas stated that although the individuals seemingly resurrected from the misty past could not be traced in parish registers and family documents, the narratives were sometimes plausible and one or two details were occasionally appropriate. Mme. J. "regressed" to lives enacted in the reign of Francis I, Philippe le Bel, Robert II, Hugues Capet, Louis le Gros, Merovaeus, and Emperor Probus. Recapturing the memories of one of the comparatively more recent lives, she said that at fifteen she had just left the school of the Dames Trinitaires in the Rue de la Gargouille in Briançon. De Rochas indicated in a note that there had indeed been a school for little girls run by the Dames Trinitaires on the Rue de la Gargouille in that city. The father of Mme. J. was born in Briançon but he left the city at an early age. Mme. J. was born long after in the town of Isère.

A "Reincarnated" Countess and a Slave-Girl

RALPH Shirley, in his *The Problem of Rebirth* (London, 1924), refers to an alleged experiment carried out by a Prince Galitzin described as "an experienced hypnotist." During his travels, Galitzin met a starving young woman. He hypnotized her and learned that, in her previous life, she had been an Italian countess who murdered her husband by pushing him over a precipice. An old peasant is alleged to have corroborated the story of the countess. He even offered to show Galitzin and his friend the rock from which the count had fallen.

Shirley gives an account of his own investigations conducted with a friend of Mrs. Campbell-Praed, the author of *The Soul of Nyria* (London, 1922). The friend, in a trance state, claimed to have recollections of her earlier life lived as a slave-girl in ancient Rome during the reign of the Emperor Domitian. The slave-girl, "Nyria," made out that Pliny had married thrice. After a painstaking research, Shirley came across a passage in Pliny's letters which suggested that he had married thrice. "Nyria" made numerous references to Roman customs, described the Saturnalia and the ancient slave-market.

Edgar Cayce's (1876-1944) ability to effect medical diagnosis and offer treatment while in a deep trance has been discussed by Bernstein and others. Bernstein tells us in his book (p. 93) that he studied the Cayce records, the follow-ups, testimonials and other data. A well-to-do printer, Arthur Lammers, approached Cayce and confronted him with problems of human destiny. Cayce gave Lammers' "horoscope" in a trance and added cryptically: "He was once a monk." Lammers and others now attempted to elicit from Cayce "life-readings," instead of the usual "physical readings" which had clinical value. When the "sleeping Cayce" was supplied with the name of a person, the date and place of his birth, he gave details about "past incarnations." Cayce alleged in the "trance" that he himself had been a physician in an earlier life; that accounted for his ability to give medical advice.

The "Bridey Murphy Memories"

MENTION must be made of "Bridey Murphy's" memory for some curious names. "Bridey Murphy" is alleged to have died in 1864; Ruth Simmons was born in 1923. In hypnosis "Bridey" stated that she had purchased "foodstuffs" at Farr's. Bernstein reports on page 220, that research in Belfast revealed that William Farr was a grocer at 59-61 Mustard Street. "Here again there appears to have been no other Farr in that business at that time in Belfast." Another greengrocer, John Carrigan, named by "Bridey," is said to have carried on business at 90 Northumberland Street. One is irresistibly reminded of the Dames Trinitaires named by Mme. J. in the experiments of de Rochas.

What are we to make of these findings, assuming the integrity of the investigators? Do we carry with us the "memories of yesterday"? And can they be tapped by technically rigorous and scientifically repeatable experiments conducted in the hypnotic state? The questions today are not susceptible of easy answers. The new era of experimental, as distinguished from clinical, research into hypnosis has cast doubt on the verbal reports made by hypnotized subjects. Clinical investigators from the days of Liébeault and Bernheim have regarded post-hypnotic amnesia (or inability to recall in the waking state events which occurred in the hypnotic state) as the most significant indication of deeper states of hypnosis. Yet C. L. Hull, in his *Hypnosis and Suggestibility* (New York, 1933), expressed doubts about it. He suggested that the forgetting does not occur unless direct or indirect sug-

gestions to that effect are given by the investigator. W. R. Wells argued, on the other hand, that, with adequate methods and good subjects, the post-hypnotic amnesia may be one hundred per cent. It has become increasingly clear that we must not allow an *a priori* conception of hypnosis to influence our design of hypnotic experiments.

Hypnotic Regression: Fact or Fantasy?

IS the hypnotic "heightening of memory" (hypermnesia) a spurious or genuine phenomenon? The controlled experiments of J. M. Stalnaker and E. E. Riddle utilizing passages of prose and poetry (e.g. stanzas from "The Village Blacksmith") tended to confirm the clinical opinion that hypnosis facilitates the recall of childhood memories. So do the ingenious psychosomatic experiments carried out by Milton H. Erickson in which a response, e.g. drinking orange juice, was executed by the subject with the characteristic pattern belonging to an earlier time. An acute hysterical depression, reported by Erickson and Kubie, was cured by "regression" to childhood between 10 and 15 years when serious misconceptions about sex had been instilled into the subject. R. W. White, G. F. Fox and W. W. Harris, however, have pointed out that hypermnesia is not unique for the hypnotic state. They have questioned the wisdom of further speculation until some reliable technique for keeping the effects of suggestion at a minimum can be devised.

Bernstein reminds us of the view of Nandor Fodor (*The Search for the Beloved,* New York, 1947) that even prenatal memories may exist. Unfortunately, Fodor's "organismic consciousness" carrying dreams influenced by the violence of prenatal intercourse goes far beyond the meager experimental evidence we have.

Is the "hypnotic regression" of earlier investigators and Bernstein fact or fancy? Bernstein appeals to the experiments of Russian workers like Hakebush and Blinkovski. Dolin, Hakebush and Platonow reported (1930-1934) that "hypnotic age regression" in their subjects seemed genuine when judged by their modeling, drawing, writing, speaking and word-association. P. C. Young, one of the noted authorities on experimental hypnotism, questioned the adequacy of the methods used by the Russians for evaluating the performance of the subjects. He complained that the Russians did not compare the performance of their trance subjects with that of unhypnotized "control" subjects. He reported his own experiments carried out with 14 trance and 7 unhypnotizable subjects and concluded that there was

no significant statistical correlation between the "depth of trance" and the extent of the "regression."

Further, while his trance subjects felt young and developed a childish grammar and speech, they could not enter realistically into a conscious world so circumscribed as that of a three-year-old child; their mental age hovered near six. In fact, the unhypnotizable subjects fared better; they managed to reach a mental age of 5½. In this connection, I must point out that Boris Sidis' subject who "regressed" to the age of ten years seemingly lost his capacity for writing English but *not his capacity to understand English,* since the commands and suggestions were given in that language. P. C. Young conjectured: "Hypnosis is playing a role with all one's heart but not with all one's mind." T. R. Sarbin, in a recent critical survey, has complained of Young's experimental design. Sarbin has found some evidence of correlation of "depth of trance" with "regression" and also of the accuracy of the performance of subjects in hypnosis; but no authentic regression to earlier age roles.

Suggestion and Hypnotic "Play-Acting"

IN planning a controlled series of experiments in "hypnotic regression," we have to allow for more or less plausible "play-acting" on the part of subjects. This was pointed out by the eminent French psychical researcher, Gustav Geley (*Reincarnation,* London, 1924). He said: "The experiences of de Rochas on regression of the memory are only sufficient to encourage further research. They are in no sense conclusive. It seems impossible to eliminate mental suggestion on the part of the operator when face to face with the subject or of auto-suggestion on the part of the latter."

It is well known that impersonations can be evoked in the hypnotic state. Boris Sidis described an amazing series of "metamorphoses of personality." Ferrari, Héricourt and Charles Richet showed (*Revue Philosophique,* April, 1896) that, when a change of personality is imposed on the hypnotized subject, not only does he adapt his speech, gestures and attitudes to the suggested role, but even his handwriting. J. Dück much later reported that a hypnotized subject may duplicate the signatures of his acquaintances.

Hypnotic fabrications of a disconcerting kind do occur. Eric Cuddon (*Hypnosis: Its Meaning and Practice,* London, 1955), tells us how he suggested to Miss A. in the hypnotic state that in a "previous incarnation" she had been a slave-girl purchased by Nero. The sub-

ject claimed to remember the incident quite clearly and stated that the Emperor had fallen for her long and lovely hair. She had often stated, in her waking moments, that she had lovely, long hair when she was a girl. About a week later she was asked by one of her friends in the course of conversation whether she believed in a previous life. Her reply was an emphatic affirmative: she was quite certain that she had been the favorite slave of the *Egyptian* Emperor Nero! In another experiment Cuddon suggested to her: "You are a Frenchwoman." She retorted: "Nothing of the sort." She had a rooted dislike of the French.

"Birth-Death Symmetry" and the Unconscious Mind

THERE is one further issue about "hypnotic regression" raised by Bernstein. It was formulated incisively by Geley: "The experiments of de Rochas do not offer so much a precise proof as a unanimous testimony on the part of the subjects to the truth of reincarnation. All, irrespective of birth, education, intellectual grade and religious principles, declared spontaneously that they had passed through other lives. Upon this they very often build romances, of varying worth, but usually unverifiable. But the fact of the unanimity and spontaneity of their assertion relative to the plurality of their lives is by no means negligible."

De Rochas himself attempted to meet the criticism that the romances were built up wholly by suggestion: "They certainly do not come from me, for I have not only avoided everything that could lead the subject into any determined path, but I have often tried in vain to lead her astray by different suggestions . . . Are we to compare these phenomena to dreams? Certainly not. There is in them a constancy, a regularity which we do not find in an ordinary dream." We should remember here that Edgar Cayce, who had been brought up in strict, orthodox Christianity, was *consciously* repelled by the idea of reincarnation; yet his "life-readings" were always consistent with themselves; one "reading" did not contradict another.

It seems to me that neither de Rochas nor Geley nor Bernstein reckoned with a possibility suggested by modern "depth psychology." Psychoanalytical investigations have made it probable that there is a queer "birth-death symmetry" which is deeply rooted in the unconscious or the not ordinarily introspectable mental processes. Components of death (sleep, separation) are assimilated to birth. The magical thinking, which is so conspicuous a feature of unconscious mental

processes, plays round the episodes of birth and death. Morgenstern demonstrated this in his studies of children (*Revue Française Psychoanalytique,* 1937). Other investigators have confirmed the discovery. Ernest Jones wrote: "Our children, just like adult savages, imagine that when an old person dies, he will shortly appear as a new-born child." The belief in the "arc-symmetry" of life is prior to all clearly formulated conceptions of reincarnation and is therefore, more universal.

Susan Isaacs reported the case of a five-year-old girl, who when she was asked by her mother what happened to dead people, said: "They go back into their Mummie's tummy and become a teeny-weeny baby again." Sylvia Anthony has recorded a number of such cases (*The Child's Discovery of Death,* London, 1940). Francis, aged five, who saw a coffin being carried, arrived for his bath sizzling with excitement and observed: "Of course, the person who went away (i.e. in the coffin) will become a baby." Ben, aged nine, said: "Yes, I was Richard Coeur-de-Lion, and before that Julius Caesar, and before that a monkey, and before that a crab, and before that a tiny little insect . . ."

If an unconscious and magical belief in "birth-death symmetry" is deemed probable, then the unanimity of the testimony of hypnotized subjects, the "constancy and regularity" of reincarnation myths, which impressed de Rochas, Geley and Bernstein, cannot be considered conclusive. It may be argued by philosophers, especially in the East, that an overwhelming unconscious predilection for the "arc-symmetry" conception of life is itself suggestive of the truth of reincarnation. To assent would be to leave empirical arguments behind and take shelter in purely speculative arguments. Can we argue that *every* widespread unconscious fantasy corresponds to reality?

Even if there are verifiable details of alleged "previous lives," they will not constitute coercive proof of reincarnation unless the limits of E.S.P. are first rigorously established by experiments, and memories dramatized by hypnotically "regressing" subjects are shown to fall outside the limits. I am afraid that we have not yet fashioned a technically rigorous method of evoking memories of "previous lives." The problem threatens to be more formidable than even the problem of "survival" in terms of "mediumistic communication."

E. S. P. scores in card calling, finding of hidden objects and telepathic abilities may be increased by the use of hypnosis

DOES HYPNOSIS INCREASE PSYCHIC POWERS?

Jarl Fahler

IN 1923, Charles Richet, the Nobel Prize winning French physiologist, challenged the barrier isolating studies of hypnosis from parapsychology. He stated in his book, *Thirty Years of Psychical Research*: "It is evident that cryptesthesia [extra-sensory perception] can exist apart from the hypnotic state; but it is no less well established that hypnosis increases cryptesthesia. Various persons quite incapable of any transcendental manifestations when their senses are awake, become lucid when hypnotized."

Richet had not returned to the earlier belief that erroneously considered psychic factors, such as telepathy, precognition, and clairvoyance, to be basic factors in hypnosis. Rather, he had reopened the question of the relation between extra-sensory ability and the hypnotic state.

As a parapsychologist, my interest in this question was stimulated by the pioneer work of such early investigators. But since the days of Charles Richet, research methods in parapsychology have changed considerably. Opinion about the usefulness of hypnosis as a key to the hidden psychic abilities is now divided. Thus, there is a definite need to clarify this subject. With this in mind, I undertook a number

of exploratory experiments which covered many phases of psychic activities as they relate to the hypnotic condition.

Many of these experiments were carried out at my home in Helsingfors, Finland, and later experiments were conducted at the Parapsychology Laboratory of Duke University. The experiments in Finland were often attended and witnessed by members of the Society for Psychical Research in Finland, Inc., of which I am the president. In these experiments, done over a span of nearly ten years, I hypnotized many persons. The total number would run into the hundreds. Of course, I did not conduct psychic experiments with all of them, as there is a great variation in the performance of various subjects. For the complicated experiments, only subjects able to enter the "deepest" stage of hypnosis (called the "somnambulistic" state) were able to achieve noteworthy results.

One of my best subjects was a woman we shall refer to as "Mrs. S." With her as a hypnotic subject, we were able to carry out a series of rather dramatic experiments called the "water glass" tests.

The "Sensitive" Water Glass

THESE tests suggested that an individual's sense of touch, feeling or pain can be "connected with" some object outside his body. A sort of clairvoyance, or "exteriorization," seems to be involved in the rather amazing results obtained. The tests were done in the presence of six to eight witnesses, and were recorded by a secretary. Here is a verbatim report of one of them, conducted on November 11, 1953, with eight persons, besides the secretary, present.

"The subject (Mrs. S.) was brought into deep hypnosis. Two similar glasses, both filled with the same amount of water, were placed on the table in front of her. The experimenter (Mr. Fahler) took one glass and put it between the subject's hands. He then gave verbal suggestions to the subject that 'all sense of feeling and pain was being drained' from her arms and hands, into the water glass, and that the arms and hands, at the same time, were becoming insensitive to feeling.

"After repeating these suggestions a few times, the results were tested by sticking a needle into the water in the glass. The subject reacted with a jerk of the arms and hands. The needle was then stuck into her arms and hands, but there were no reactions whatever.

"The glass was then removed from her hands and placed on the table. The experiment was renewed with the same result: each time

ne of the persons present stuck the needle into the correct water glass, he subject reacted with a noticable jerk.

"The experimenter then took the glass from the table and went into n adjoining room, from which he could not be seen by any of the ersons in the experiment room, including the hypnotized subject. There he pushed the needle into the water glass ten times. The subject reacted with pain ten times.

"Another person, Dr. M., took the glass from the experimenter, went ut into the entrance hall and closed the door behind him. The persons present in the experiment room noticed that the subject reacted vith a jerk, four times consecutively. When Dr. M. returned, he tated that he had pushed the needle into the water glass four times.

"During the experiment, it was noted that the reactions of the subject became stronger, if a spoon was substituted for the needle. All he persons present tried both the needle and the spoon. The reactions vere the same as before.

"Then the experimenter put the water glass back between the hands f the subject and gave her suggestions that all sensitivity was returning from the water glass to her hands and arms. He then awoke her."

The water glass tests were made with many variations, and the same esults were obtained, even when the water glass (originally held etween the subject's hands) was taken three rooms away, or even own the stairs and outside the apartment. On one occasion, one of he observers who was present took the glass into another room, closing he doors behind him. A few minutes afterward, the subject smiled nd moved her arms. I asked her (while she was in deep hypnosis) vhat was happening, and she replied, "Mr. O. is blowing warm and ometimes cool air on my arms."

When Mr. O. returned he told us that he had been blowing on the urface of the water glass. The same experiment was repeated many mes with the same results.

Sometimes a different object, such as an apple, or even another person, was substituted for the glass of water. The "water glass experiments" were tried with many other subjects with rather great variation in the reactions. Although the reactions of some of the subjects vere noticable, it was with Mrs. S. that we obtained the strongest nd most clear-cut reactions.

What is the possible explanation for this phenomenon, which may emind the reader of some practices of African black magic? So far, have no complete explanation. It is possible that the subject's re-

actions are caused by an extra-sensory identification of the senses in he arms with the glass of water. Future experiments, with improve techniques, may be able to give us a more satisfying answer to th forces at work in this case.

This test does not demonstrate merely an improvement in psychi capabilities under hypnosis. It is, in fact, an experiment that can b done properly only with the use of hypnosis. The subject, Mrs. S had never been present at a mediumistic seance, nor had she displaye any marked psychic abilities previous to being hypnotized, with th exception of one or two cases of "warning clairvoyance," experience by herself and other members of the family.

A second series of experiments was carried out utilizing post hypnotic suggestion, which seemed to include the appearance of som telepathy and possible psychometric or clairvoyant abilities. As in th previous experiment reported, my best results were obtained with Mrs S. as hypnotic subject. Therefore, I shall describe a few of the mos successful experiments in this particular series, done in 1953 and 1954

"Hunt the Needle"

THE general plan of the experiment was as follows: While the sub ject was in deep hypnosis a small object, such as a needle or a iron nail, would be hidden in an adjoining room, without the knowl edge of the subject, although her hand would be touched with th object before it was hidden. She was given the suggestion that, upo awakening from the hypnotic state and hearing a certain wor spoken, she would immediately "be dragged" to the object that ha been hidden. I will here continue with the secretary's account of a experiment, performed on November 4, 1953.

"The experimenter brought Mrs. S. into deep hypnosis. He tol her, 'An object will now be hidden. When I have wakened you, yo will go to the place where it is hidden, without any difficulties, an find it, when I say the word *now* (Swedish, *nu*).'

"Mrs. S. was then given several suggestions that she would feel we after wakening, and was awakened by counting to ten. Before tha Mrs. O. had hidden a small nail in a place that nobody else knew Even Mr. Fahler did not know where the nail was hidden, as Mrs. O went into the other room alone, out into the entrance hall, shut th door behind her and hid the nail.

"When Mrs. S. woke up she appeared to feel well, and she converse with the other people present for a while. However, Mr. Fahler, in th

midst of a long sentence spoke the word 'now,' and she reacted at once by rising from her chair and going out into the adjoining room, and from there into the entrance hall.

"There she stood for a while, and then stretched her hand toward a pile of hats on the shelf. She took the nail, which had been hidden in Mrs. O.'s furry hat, returned to the experiment room and showed it to the persons present there.

"Mrs. S. was then asked why she had done that. She replied that, after she had been awakened suddenly during the conversation she got the feeling that she ought to look for something. She could not tell why she went directly to the place where the nail was hidden. 'Something dragged me to the entrance hall,' she said. When she was there she had felt as though her hand was 'dragged' up to the shelf and to the place where the small nail was hidden.

"She also mentioned that she had felt strangely restless until she found the object. After it was found, she once again felt calm."

This type of experiment was frequently repeated. In most cases, Mrs. S. found the small hidden objects with no difficulty. However, in some cases, when she could not find the object in a short time, the post-hypnotic trance wore off. Then she would continue to feel very restless until the object was found and she could touch it with her hand. She would then become calm once more.

This experiment was varied by hiding two such objects in different places, using a different "password" for each object. "Nu" (now) was used for the first and "varför?" (why) for the second. In one experiment, Mrs. S. reacted to "nu" and began to search in the correct place for the first object. Then the word "varför?" was spoken and she became very restless. Her hand seemed to be "dragged" in the direction of the second hidden object, and yet, she wished to remain and find the first one. Only when both objects were found, and she had touched them, did she once again feel calm.

The subject placed importance on being able to touch the object, once it was found, with the same hand that had been touched with the object while she was under hypnosis. Is it possible that there was some, as yet unknown, psychometric or clairvoyant connection between the inanimate nail and the subject's hand? Another possible explanation involves telepathy. The knowledge of where the object was hidden was in the mind of one of the persons present. Possibly some telepathic or extra-sensory link was established which led the subject, while in her post-hypnotic trance, to the hidden object. At any

rate, in this highly advanced parlor game of "hunt the needle," th subject's psychic abilities were certainly increased through the assist ance of the hypnotic state. This experiment was repeated with othe subjects. Some of them were also able to show good results.

Guessing Cards Under Hypnosis

THE tests that I have described were of a rather informal nature The results were of a qualitative nature, and would not easil lend themselves to statistical interpretation. However, other test were carried out in E.S.P. card guessing, which would be quantitativ in nature. Subjects were given a certain number of "runs," or trials in the normal state and a certain number of runs while under hypnosi and then the results were compared. The first tests were done with small group in Helsingfors. They were reported in the *Journal of Para psychology*, September, 1957, entitled "E.S.P. Card Tests With an Without Hypnosis." A second group of tests was carried out, in co laboration with Remi J. Cadoret, at Duke University, Durham, Nort Carolina, in 1957 and 1958. These results, which seemed to confirm th earlier results in Finland, were published in the *Journal of Parapsy chology*, June, 1958, entitled, "E.S.P. Card Tests of College Student With and Without Hypnosis," by Remi J. Cadoret and myself.

A certain amount of screening of subjects was done, as it was neces sary for the subject to be a reasonably good hypnotic subject. Also certain subjects show a greater aptitude for success in calling th cards. Here I will report the results of a test done in Finland.

The tests were based on an E.S.P. card-calling method, part of th trials being for clairvoyant DT and part for "precognitive" (DT stand for the clairvoyance technique, in which the cards are called dow through the pack before any are removed or checked). Half of th subject's trials were made in the waking state and half under hypnosi

Each deck consists of 25 cards, with the symbols: star, waves, circl square and cross. There are 5 cards representing each of the symbo in such a deck. In each experimental session the subject called te runs (a run is one deck) in waking state and ten runs in hypnosis. Th total amount of runs were 60 for waking and 60 for hypnosis.

In the waking state the subject got 329 hits, which was 29 hi above the chance expectation; in hypnosis she got 381 hits, which 81 hits above. In other words: in hypnosis she got an average of 6.3 hits per deck (the chance expectation is 5.00) while the average in th waking state was 5.48.

Her work in the hypnotic state was statistically significant (CR= 5.23) favoring the hypnotic treatment. Also in long-distance experiments carried out a few years ago (between Helsingfors, Finland, and Durham, N.C.)in which this subject participated as one in a group of 24 Finnish subjects, guessing cards laid down in Durham, she got a higher deviation in hypnosis than in waking state.

The work with college students in Durham, in 1957-58, showed similar effects. Significant E.S.P. effects did accompany hypnotic treatment. However, these words of caution from the article of June, 1958, should be noted:

"Perhaps the subjects were usually not equally motivated to perform at their best in the waking state. Hypnosis seems to provide the experimenter with a way of concentrating the subject's effort upon his task and improving his interest in his performance. . . We cannot, of course, rule out the possibility that equally high results might have been produced in the waking state if special methods of improving the effort of the subject had been used. But so far, we do not know of such a method."

The work of card guessing is an effective method of assembling results that can be shown statistically. However, this type of experiment is much less interesting, in general, to the subject. Also, the results are more difficult to make clear to a person not familiar with this procedure.

Experiments in other fields such as "traveling clairvoyance," are usually much more interesting to do, but often present problems of verification that are exceedingly difficult. "Traveling clairvoyance" is the attempt to "send" some part of a person's mental apparatus to a distant person, a distant room or place, and to describe what he sees there. Of course, such descriptions are open to question from the standpoint of previous knowledge, or imagination, on the part of the medium or subject. Occasionally, however, remarkable bits of knowledge will be obtained.

"The Mind Goes Forth"

PIERRE Janet, an epoch-making French physician and psychologist, made some interesting experiments with "psychic excursion," or traveling clairvoyance. He had a good hypnotic subject, called Léonie. One day Janet set her "traveling." In her hypnotic state she "went" to Paris to see Prof. Charles Richet and a Mr. Gibert who had left for Paris. Suddenly she said, "It is burning." Janet tried to

calm her and she calmed down for a while and returned to sleep. But she soon woke again, saying, "But Monsieur Janet, I assure you that it is burning!" In fact Richet's laboratory in the Rue Vauquelin had caught fire and was burnt out on that very day.

On November 23, 1953, I carried out some experiments with Mrs. S. as a subject, and in the presence of four other persons. The third experiment of the evening involved a "psychic excursion." In the beginning of the experiment I asked Mrs. S. whether a certain Mr. X. (whom she knew by sight, but about whose business and personal affairs she knew nothing whatsoever) would go on a journey in the early future, or whether he would remain in the country for a longer period. She replied: "That depends on many different things—Mr. X. is waited for in many places in the world."

Under further interrogation, she said that one of the people waiting for him was very agitated. She described this person as having dark irregular (curly or wavy) hair, and being of medium height. Mrs. S. commented:"I can't see quite exactly for I see him from behind." She guessed that he was an Italian. When asked how she could see him, the subject answered: "Oh, come! I am in the room to be sure. . . He is sitting and writing letters!" Under further interrogation she said: "His name is printed in the left corner of the paper on which he is writing . . .:P-i-o-v-e-n-e.

"This is London, in a big house,with many people. When I came up the stairs I happened to graze the hotel-porter. He looked quite alarmed—as if he had noticed that somebody passed by. He did not see me . . . Piovene is writing with a fountain pen . . . Oh, my! He is quite odd. The fingers of his left hand are giving small jumps all the time . . . He is drumming with his fingers against the table-edge.

"He is certainly very agitated. Oh, my! Now he is toying with a pin. Well, he is just childish . . ." When asked about the handwriting Mrs. S. answered: "That's no handwriting . . . He does not write in script . . . He is just printing each letter separately . . ."

When further questioned, Mrs. S. said that Piovene (a pseudonym) looked like a good fellow, but that Mr. X. ought to be very cautious in his dealings with him in the future. The next day, I checked these facts with Mr. X., who was then staying at a hotel in Helsingfors, as he is engaged in international business affairs.

He was amazed to find so much correct information given. It was true that Mr. Piovene, a business contact of his, was staying that day

n a London hotel, although his permanent residence is in Rome. Mr. K. was most surprised that his name was spelled correctly, as no per-on besides himself had any reason to know the man's name.

He also confirmed the fact that the description of Mr. Piovene's appearance and handwriting were correct. In addition, Mr. X. reported hat Piovene is high-strung, is frequently toying with some pin that he has got tucked away in the lapel of his coat, and that he is also in the habit of drumming with his fingers. Mr. X. had received a telegram rom Mr. Piovene the same day that I spoke with him (November 24) vhich showed that the latter was staying at the Savoy Hotel in London.

The next time Mr. X. visited Finland, in April, 1954, he told me that he was sorry he had not taken Mrs. S.' warning (to be very cautious vith Piovene) seriously, for he now had very good reasons to regret it.

It is of interest that in cases of "psychic excursions," Mrs. S. always -when the experiment was successful—had the feeling that she herself vas present at the place for the "excursion." When she had this feel-ng, the "excursions" were more or less successful according to infor-nation obtained later. She had no feeling of being present in the ex-periment room during the time she was on "excursion." When back gain, she has a very distinct feeling of "coming back into her body."

But in "excursion" experiments with other subjects—with little or no uccess at all from a parapsychological point of view——the subject's eelings of being at the place of the observation have also frequently been quite distinct—although the information obtained has been com-pletely incorrect—only a mixture from the imagination of the subject. As we can see from this, no conclusions can be drawn from the mere eeling of "being on excursion." It is, as a matter of fact, rather easy to produce this feeling in a great number of hypnotic subjects and to get ll kinds of information that is of absolutely no interest for a para-psychologist.

Some hypnotic subjects can be easily "sent to Mars" or Jupiter, and he most amusing stories about the life of the Martians can be pro-luced. These stories will be highly influenced by the subject's educa-ional background and emotional needs.

In general, I have found that the best subjects for experiments of his type are unsophisticated persons, who come with few precon-eived notions of what is to be expected.

In this same connection, I would note that I have done some ex-periments resembling "multiple personality" or a mild form of medi-

umship. A subject can be told that he is Napoleon, Cleopatra o someone else, and he will immediately begin to act differently tha in his normal state. Sometimes a "Napoleon" or a "Cleopatra" wi occur quite spontaneously in experiments in "reincarnation" or medi umistic sittings.

Hypnosis' Usefulness

IT is impossible in this article to give examples of other experiment using both hypnosis and psychic abilities, although some strikin results have been obtained in tests of "hypnosis at a distance," "psych metric readings under hypnosis" and other tests. The examples I hav given will be sufficient to illustrate the uses and possibilities of hypn sis in parapsychological tests. Researchers interested in pursuing th subject further can easily invent tests of their own, involving the sam or other psychic faculties.

What then can be said about the usefulness of hypnosis in increasin parapsychological abilities? Does the hypnotic state facilitate th extra-sensory faculties of a subject? It is impossible to give a statemen that would cover all situations for not everyone will make a good hyp notic subject. Of those who can be hypnotized, only about 20 per cen will be able to reach the "deep" stage of hypnosis.

Also, while some hypnotists will be able to get good results, othe will be lacking in the technique or the tact necessary to lead subjec into good results. Moreover, certain extra-sensory faculties may b difficult to combine with hypnosis.

Nevertheless, there are a number of reasons why we may take generally positive view about the usefulness of hypnosis. Hypnosis helpful in "increasing the concentration" of subjects, as was done i the card guessing experiments. Certain tests, such as the "water glas test and "hunt the needle" test, in post-hypnotic trance, are impossib without the use of hypnosis. Finally, hypnosis is especially helpful i aiding the subject reach the "deepest" state of the mind, the state tha seems to bring forth the best results in clairvoyance, telepathy an many other psychic capacitites in the human mind.

Dentists and physicians, all over the country, now learn the techniques of a formerly suspected and neglected medical tool

INSTRUCTION IN HYPNOSIS

Leslie M. LeCron

IF YOU were asked if you had ever been hypnotized, you probably would answer with a very positive "no." But you would be mistaken. Spontaneous states of auto-hypnosis are so common that it has happened to you thousands of times. Probably not a day passes without this occurring many times to all of us.

Dr. Griffith W. Williams, professor of psychology at Rutgers University, has described these spontaneous hypnotic states in a chapter of the book, *Experimental Hypnosis* (Macmillan, New York, 1954), which is a collection of articles by various authorities. Williams mentions that day-dreaming, becoming engrossed in reading a book, or while watching a movie or while attending a lecture or religious service can produce a state of auto-hypnosis. This may be only light, or it may be quite a deep trance. And there are many other situations which also will cause this effect. While driving a car, with the monotonous hum of the motor and the eyes fixed on the white line in the center of the road, it is easy to slip into hypnosis. This has been termed "highway hypnosis." With attention diverted from driving, such a state can be highly dangerous and many accidents have resulted from it.

Misconceptions about hypnosis are common. Many false ideas result from witnessing stage, television or other public demonstrations of hypnosis. In some countries such exhibitions are barred by law, but not in the United States. Most people believe hypnosis will produce unconsciousness—that one passes out when hypnotized. Actually there is always complete awareness even in a very deep trance. The subject knows exactly what is happening and what he is doing. Subjects are often confused by this fact and a person is likely to think he has not been hypnotized because there is little sensation involved. There is more realization that something is different if a deep state is reached.

It is part of the stage hypnotist's stock in trade to be able to select very good subjects from the volunteers who come to the stage. He learns this with experience and rarely misses. The subjects he uses in his performances quickly go into a deep trance. But normally only about one person in five can ever reach a deep state and only about one in ten will do so at the first induction attempt. Subjects in such demonstrations are often given suggestions that they will remember nothing of the experience after being awakened. It is this which leads to the conclusion that the hypnotized person has been unconscious. In fact he has merely had an amnesia such as is common after dreams. We know we have just been dreaming but on awakening cannot remember the dream.

The medical profession has had these same misconceptions. It is mainly because of false impressions that hypnosis has not been utilized more fully. Other false ideas are that being hypnotized will weaken the mind; that the subject is in the power of the hypnotist and will do anything he is told to do. Of course this is utter nonsense and, if true, hypnosis would be very dangerous in unscrupulous hands. But no one will do anything under hypnosis that he would not do in the waking state.

Medical Hypnosis, Accepted and Rejected

EVER since the days of Mesmer in the 18th Century, a few physicians have used hypnosis and with excellent results. But the medical profession in general has scorned its use. Often those who practiced it were persecuted and vilified by their medical colleagues. In the modern history of hypnosis there have been waves of professional and popular interest, several periods where there was much use of hypnosis in medical practice. But each time until the present, the medical profession has refused acceptance of hypnosis.

Following Mesmer, in the period from about 1830 to 1850, interest in hypnosis was high in both Europe and the United States, particularly in France. Physicians from all over the world went there to learn about hypnosis from Hippolyte Bernheim, one of the greatest French physicians of his day.

It was largely due to the introduction of psychoanalytic concepts by Sigmund Freud at the turn of the century that interest in hypnosis declined at that time. Freud had experimented with hypnosis but abandoned it because he was a very poor hypnotist and knew little about it. This has led his followers to feel that hypnosis has little value. It has been this attitude which has greatly influenced medical opinion during the present century, especially that of analysts and psychiatrists.

Actually, hypnosis is not a method of therapy but is merely a tool. With the techniques possible through hypnosis, the time involved in psychoanalysis could be shortened by at least half, to be most conservative, and in many cases by ninety per cent. It also has great advantages in other medical specialties besides psychoanalysis or psychiatry.

The first change in medical attitude towards hypnosis came in 1955 when the British Medical Association adopted a report by a committee which had studied the possible benefits of hypnosis. This report stated that hypnosis offered much of value and that its techniques should be taught in all medical schools.

Undoubtedly this has influenced opinion in the United States. At the American Medical Association convention in San Francisco in June, 1958, a similar resolution was passed. This came from the report of a committee on mental health which had investigated hypnosis.

Instruction Now Available

ALTHOUGH no medical schools are as yet offering instruction in hypnosis to physicians or medical students, a few dental colleges have given extension courses in "hypnodontics." Dentists have become much more interested in hypnosis than have their medical colleagues. Probably there are 5000 dentists in the United States now using hypnosis, and an equal number of physicians. But there are more than twice as many physicians in practice as there are dentists. Extension courses by colleges or universities are also seldom offered, though they have been given at U.C.L.A., the University of Kansas, Long Island University, and a few others.

It has been difficult for a professional man to learn how to use hypnosis until recently. Since schools have largely failed to offer courses, about five years ago a small group of physicians and dentists with much experience with hypnosis was organized by the author to give symposiums in cities throughout the country. This has enabled medical men in all sections to learn hypnosis and today practitioners can be found in all larger cities, most small ones, and even in very many small towns. This applies to both physicians and dentists. Attendance at these courses has ranged from fifty to two hundred, which shows something of the present interest in medical circles. It has included physicians in every medical specialty as well as a great many in general practice.

Scores of obstetricians have learned how to use hypnosis in childbirth and invariably state that it is the ideal procedure. Many anesthetists now use hypnotic anesthesia as a supplement to drugs in some cases. And the general practitioner frequently finds conditions where he can help his patient through hypnosis.

Medical men need no great length of time to learn how to use hypnosis. These courses are conducted over a three-day period and provide adequate basic training. Of course some further reading and study can add to such a basic knowledge, and yet many who take these courses begin the use of hypnosis at once in their practice.

The classes consist of lectures on various aspects of hypnosis and hypnotherapy, with demonstrations of the techniques involved. For subjects, physicians and dentists taking the course are used. Many are found to be excellent subjects, able to demonstrate deep trance phenomena, and of course the subjective experience is of great value to the student. Later in the course the students pair off, one acting as subject and the other as the operator, and thus practice induction.

Demonstrations are given to show various techniques of induction and how to produce hypnotic phenomena. Medical men are usually much interested at the physiological changes which it is possible to produce through hypnotic suggestion—such things as the prevention of bleeding following a tooth extraction or other minor operation, change of pulse rate—either made faster or slower—and the production of anesthesia.

Clinical treatment of some psychosomatic condition is often possible in these courses, using physicians themselves as patients, for such ailments can be found readily in any large group. In most cases hypnotherapy requires time and much more than just one session. Too

often patients expect hypnosis to be a magic wand which will relieve them instantly of some illness. This can happen, though rarely, but some startling results have been obtained in these demonstrations. In one given at Honolulu, a dentist attending had recently developed arthritis in his right shoulder so that he could not practice. Under hypnosis the psychological factors involved were quickly brought out. Interestingly, one cause was a desire to strike out at a son-in-law who was giving the dentist's daughter a bad time. But the dentist could not actually strike a much younger and stronger man. Another reason for the arthritis was to provide an excuse for a vacation trip to Hawaii and to get away from the unpleasant situation with the son-in-law. His arthritis disappeared when he had gained insight into these causes. A year later he had had no further difficulty.

Other cases which have responded readily in some of these demonstrations have been allergies, asthma, headaches, including migraine, and the causes for several phobias of one kind or another have been brought out. Seeing actual demonstrations such as these usually fills the student with enthusiasm and subsequent letters received from former students after engaging in the practice of hypnotherapy or hypnodontia are most gratifying to the instructors.

Dental usage is primarily to relax the patient and make him comfortable while undergoing dental work, rather than as an anesthetic agent. Most people are fearful of dentistry, often afraid even of the hypodermic needle. With the extreme relaxation present in hypnosis, dental procedures are possible with freedom from pain and anxiety.

With this greatly increased professional interest in hypnosis and with its official acceptance by the medical profession, it is probable that the public will lose its misconceptions and fears as to hypnosis and its benefits will be readily available.

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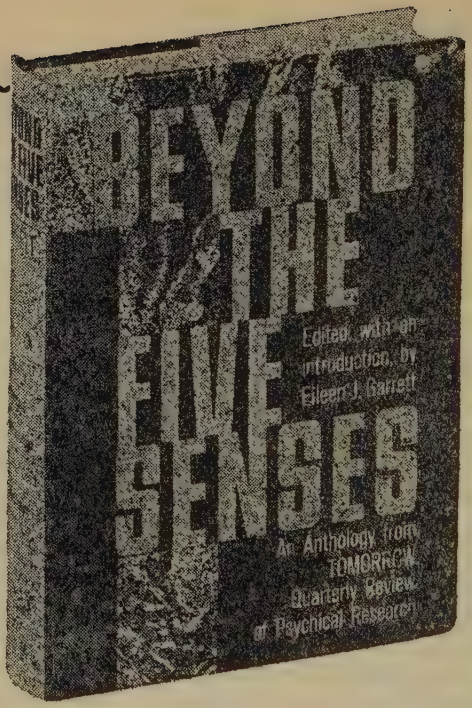
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A French physician speaks of hypnosis as a "delirium a deux" and finds parallels to it in artistic and poetic flights of fancy

IS HYPNOSIS "NORMAL"?

Paul Vasse

I HAVE used hypnotism myself, in my practice of medicine. I have done so in accordance with the customary techniques and have obtained results which, at times, were amazing. I have read various books on the subject, notably the book by G. H. Estabrooks, *Hypnotism* (New York, 1946), but have found in them no attempt to explain the state of mind of the hypnotized subjects. That is what I should like to try to do in this article.

It is difficult to pursue this question in France, where hypnotism has been left completely by the wayside. Almost all the doctors, agreeing with Joseph Babinski, well-known French neurologist, feel that the hypnotized subject pretends to be sleeping and that the hypnotist is fooling himself regarding his own powers.

At best, a few stage performers still practice the art of hypnotism—causing certain members of their audience to indulge in various contortions. Even the French parapsychologists no longer go in for hypnotism.

But this field has long interested me for many reasons. Recently, I read a book by a Polish writer which impressed me tremendously. The author is Ladislas Witwicki, the title of his book: *The Faith of the Enlightened* (in French: *La Foi des Eclairés*, published by Alcan

in Paris). Although this book deals with a subject other than hypnotism, I feel that the curious state of mind described therein—*suppositions*—may account for hypnosis, or at least explain a great many of the phenomena we see in hypnotized subjects.

Let's give a little thought to this curious state of mind. Let's feel a sense of wonder and look with a fresh eye at a rather ordinary sight: that of a man seated in a place of entertainment, watching a play unfolding before his eyes.

If he is in the first row, he sees that there is no ceiling to the stage set. The doors are freshly painted and shake crazily with the walls whenever an actor exits and slams the door. He notes the actors' make-up, much more pronounced than what women wear in ordinary life. He is not surprised to hear audibly what the actors whisper to one another in witty "asides." The room which the stage set is supposed to represent is rather unusual: one wall is missing and that is why the audience is able to follow the course of the plot.

All this is artificial and false.

And yet, a very curious thing happens: our spectator secretly brushes away a tear; he laughs, he cries, he forgets—almost completely and sometimes completely forgets—that in a little while he'll get back into his car and drive home again. He participates in the action on the stage; he wants to know how the play is going to end.

The actor too is a curious person. Real tears, not glycerine, flow genuinely from his eyes. For a few moments he is Hamlet or King Lear. Yet this actor knows, even better than the man in the audience, that at a certain point in the play, at a given cue, his fellow-actor is going to fluff his lines. He is far more aware of the artificiality of the stage set than the spectator. As soon as he exits, he sees the stagehands as he returns to his dressing room to change his costume. He has already acted in this play a hundred times. And yet this profession is the most precious thing he knows. It enables him to live a hundred lives, to be a hundred personalities, to have a hundred souls!

Similarly, the person who reads a fascinating novel is caught up in the book's plot, lives the hero's life, is deeply moved, and forgets ordinary everyday life.

This, it seems to me, is the basic attitude of the hypnotized subject who knows at one and the same time that the raw potato he has been given is not a peach and yet finds it tasty. Since this strikes me as an extremely interesting attitude, let's see how we can proceed to study it. Or rather, let's first see what this frame of mind has been called.

How Certain Is Your Judgment?

A GERMAN writer at the turn of the century, A. Meinong, studied this attitude and called it *Annahmen* (Suppositions). He wrote about it in two books, *Ueber Annahmen* (*Concerning Suppositions,* Leipzig, 1910) and *Die Philosophie der Gegenwart in Selbstdarstellungen* (*The Philosophy of the Present in Self-Representations*).

A supposition is a *representation* accompanied by a weak—that is, more or less weak—judgment.

Now let's see what a representation is.

Here's an example: a wheat field. We see a wheat field. We can see it because this field really exists or, when we close our eyes, if we have sufficient imagination, or again, if we dream. We see the wheat field. We represent it to ourselves.

When we say, and with absolute certainty: "This wheat field exists. It is there before my eyes"—then we are passing judgment.

So there are degrees of certainty of existence. It is these degrees we propose to call: *suppositions.*

Meinong calls a supposition an affirmative or negative thought lacking the complete element of agreement.

When I feel that my supposition is *far* from an affirmative conviction, I say that I doubt. When I feel it is *near* an affirmative conviction, I say that I admit.

As you see, in dealing with suppositions we are really studying the problem of belief.

Let us now turn to the field of love. Here we see how judgment can be distorted by emotion, how a man in love can make suppositions that do not jibe with the facts. Consider, for example, a really jealous man and see how ridiculous he can be. Everything serves as a pretext to arouse this cancerous idea in him. If his wife dresses fashionably, obviously it's in order to please some other man. If, on the contrary, she wears simple and modest clothes, obviously she is filled with remorse over her shameless behavior; she is trying to punish herself.

Take, on the other hand, a man who is head-over-heels in love. Even if clear evidence of infidelity stares him in the face, this individual refuses to believe it. Deep within himself he may know that his wife is cheating on him, yet, afraid of suffering—and this is the point to remember—he refuses to admit to his conscious mind that he has been deceived. He says to himself: "Oh no, it's not true! It would be too terrible! I can't believe a thing like that." And feeling this way does him good.

It is easy to see the analogy between what happens in these persons and in the hypnotized subject.

Within himself the subject *knows* that the weight he has been given to lift weighs only two pounds; but he has agreed to believe what he has been told—that the weight is very heavy. He has put himself in a special state—a state of childhood, of naïveté, if you wish.

Along the same general lines, a supposition will become strong and active only if it appeals to a powerful emotion. Alas! We could cite endless examples of evil acts done in what can be called "good conscience."

As soon as personal interest enters into play, it excuses or justifies everything, in the eyes of someone motivated by this feeling of selfishness. On the conscious level, he finds no fault whatever with himself.

The "Mass Hypnosis" of Patriotism

THE conscience is even "clearer" when massacres are made in the name of a religious, racial, or national faith. The Nazi leaders who burned millions of human beings in their gas-ovens did not feel themselves guilty: were they not acting in the name of an ideal?

Napoleon too was a great hypnotist, for hypnotism means the ability to cause others to lose their sense of reality. To prove this, simply re-read the story of The Hundred Days.

Napoleon is in exile. One day he lands back in France. He is without an army, without men. Persons are sent to meet him, with instructions to arrest him. Then, at the sight of the Emperor, these people are fascinated and cheer him, become his escort and follow him.

To them, Napoleon represented Glory, Eternal France; he exalted to the utmost their feelings of patriotism. These people had lost the sense of the real: they no longer saw that all Europe was in league against little Bonaparte, that his doom was inevitable. Faith swelled their breasts and so they escorted the fallen Emperor.

For such hypnotism to be really effective, a certain crowd psychology must generally operate. The noted French sociologist Dr. Gustave le Bon stressed this *mass psychology*. Surely that is why hypnotists at carnival sideshows often get results that are more remarkable than those achieved within the four cold walls of a laboratory. I have come to know some of these hypnotists. Some of them are not charlatans. They believe in their magic power; they have, they are convinced, a "gift," an irresistible look. This first point is absolutely essential: the

have confidence in themselves. If, as I said above, hypnotism has virtually disappeared in France, it is because the views of writers such as Babinski have won out. They taught that the hypnotized individual was simply play-acting, that he was fully conscious of what he was doing, and that he was able to fool the hypnotist.

Without the *belief* of the subject, hypnosis is not possible.

At present, it seems as though the word "hypnotism" is beginning to be mentioned again in our medical magazines. Some even acknowledge that hypnotism is involved in "painless" childbirth.

As I said before, to obtain good results in hypnotism, there must be a certain "atmosphere." Getting back to the hypnotist in the theater, here is the way things happen.

The first part of the program takes place: a magician performs some sleight-of-hand tricks, then comes some so-called mental telepathy—very flimsy, but no matter! The audience believes it. An atmosphere of charmed receptivity has been created. Now our hypnotist with the gaze of steel can appear! An atmosphere of "belief" in his powers has been created, so he can also make volunteers believe that he has some power over them.

All this, you may say, is very well. But you spoke to us about *true* hypnotism, the state in which a person in his sleep does ridiculous and meaningless things of which, on awakening, he hasn't the slightest trace of memory. At times, this state also occurs outside of hypnosis; it is the state of amnesia.

I should like to say a few words on the subject of forgetting. Pierre Janet in one of his books (I think it was his *L'Etat Mental des Hystériques—The Mental State of Hysterics,* Paris, 1893) tells about a young woman who took care of her father for many months, under frightful conditions of poverty. Later she completely forgot those long months and no longer even remembered her father's death.

I know a person, living near me, who seems to have provoked several phenomena classified under the general heading of poltergeists. Well, immediately after these incidents occur, she forgets all about them for a time. It seems, according to the Freudian interpretation, that she wants to forget what disturbs her too much. She doesn't remember what happened or isn't able to talk about it until several hours later.

Do I mean that hypnotism is only that? No, I don't think so! A person in deep hypnosis can be made to feel no pain, or to have no reflex actions when stuck by a pin or needle. This goes beyond any action that an actor in a play or even a person suffering amnesia can produce.

The Disappearing Fever

I SHOULD now like to get back to our *suppositions* and see how we can apply them to parapsychology.

Suppositions made in the theater are live but not forced. Sometimes they give amazing end-results.

The sick actor, suffering from a high fever before he appears on stage, behaves as though he isn't ill, realizing that if he doesn't go on, there won't be any performance.

So he appears. "The show must go on!"

When he exits his fever has left him and he is cured. The great European clown Grock has told us that this actually happened to him.

Nor do such things occur only in theatrical circles.

Do you know what we do if we want to test the real effectiveness of a drug? We give simultaneously to other persons what are nowadays called placebos. In former days they used to give pills of *amica panis*, bread-crumb pills, with no real therapeutic value whatever.

What happens? Thirty-three per cent of the subjects given this remedy, which contains no active ingredients for curing, get relief from the illness they are suffering from. So for a drug to be considered genuinely therapeutic, the percentage of patients it cures must be well above the thirty-three per cent cited above.

The hypnotized person believes that the two-pound weight he has been handed is heavier . . . and he finds it heavier. Hypnosis is a kind of delirium *à deux*, a two-way state that has been well described by the psychiatrists.

The human mind has two functions. One is an intellectual function, *adaptation* to the real. It is the quest for harsh reality.

The other is a function of the *elimination* of the real: a function of tenderness, forgetfulness, feeling, flight from the real. That is the domain of the arts, poetry, hypnosis.

It is not my opinion that hypnosis is only a figment of the imagination. It is definitely a state of the mind that can be produced with ease by experienced practitioners. However, when we compare that mental state with others, such as acting, imagining, the feelings of a person in love and the mental effects experienced during amnesia or faith healing, we see that almost all the phenomena produced during hypnosis are also found in various forms, more or less normal, of persons in the waking state.

A pioneer spirit pervades both old and new books on hypnosis; they are sensitive, controversial, daring and unconventional

THE LITERATURE OF HYPNOSIS

Allan Angoff

HYPNOSIS IN HEALTH AND SICKNESS. By Gordon Ambrose and George Newbold. New York: John de Graff, Inc. 1958. 196 pp. $3.50

FREUD AND HYPNOSIS—THE INTERACTION OF PSYCHODYNAMICS AND HYPNOSIS. By Milton V. Kline. New York: The Julian Press. 1958. 207 pp. $4.00

STUDIES IN HYSTERIA. By Joseph Breuer and Sigmund Freud. Boston: Beacon Press. 1958. 241 pp. $1.45.

THE STUDY OF HYPNOSIS. By Albert Moll. Re-issue, with new introduction, of volume entitled HYPNOTISM, originally published in 1889. New York: The Julian Press. 1958. 410 pp. $6.00.

HYPNOSIS is a great unexplored frontier of medicine and psychology. For centuries it has been a valuable aid in the study of human behavior and an effective therapy in a variety of physical and mental ills, but only in recent years has it begun to emerge as a science so potent, so full of hope for so many people, that it can no longer be ignored or ridiculed or merely noted patronizingly as a minor historical phenomenon with only antiquarian interest for the modern scientist.

Many physicians, including general practitioners in quiet neighborhoods, now read the growing literature on hypnosis with an avidity which would have shocked most of the respected medical men of only a generation ago. A few practitioners even refer some of their patients to specialists in hypnosis and continue to obtain from hypnosis gratifying results in the most obstinate cases. More than three years ago, in an official statement, the British Medical Association affirmed the great value of hypnosis in treating illness, while in the United States the Council on Mental Health of the American Medical Association has recently been just as emphatic. In the meantime the layman, as well as the physician, has been confronted in the popular press with praises of this phenomenon he had only recently associated with carnival sideshows and the old days of vaudeville.

The Medical Editor of *Look* Magazine, in a long and impressive article on hypnosis a few months ago, told his millions of readers that "hypnosis is neither trickery nor magic. It is a science of human behavior based on well established principles of psychology and physiology." *Today's Health*, the magazine for laymen published by the American Medical Association, recently quoted a University of Washington medical faculty member who addressed the American Academy of General Practice as follows: "Hypnosis can be very useful in treating some cases of migraine headache, stuttering, some low back pain, alcoholism, weight problems, frigidity, and other ailments. . . . Hypnosis is an effective therapeutic technique which often succeeds when other efforts fail."

Professional men of the highest repute now work together on hypnosis through organizations which sponsor research whose results all scientists may share. In England there is the Hypnotherapy Group within the medical profession; in the United States there are the Institute for Research in Hypnosis and the Society for Clinical and Experimental Hypnosis—to name only two—which have for years encouraged and aided with grants leading scientists and organizations engaged in studying and understanding and applying the principles and methods of this ancient approach to the human mind. The promise of such studies, the vast potential they hold out for all mankind, is of course incalculable. As Dr. Milton V. Kline, one of the outstanding modern American figures in hypnosis practice and research puts it, the usefulness and value of hypnosis "as a means of understanding and dealing with human behavior are as infinite as the capacities of the human mind, of which it is a function."

The new literature on hypnosis is surprisingly large and, more important, it is so varied, it embraces so many aspects of the subject, including the sensitive and controversial, that it reveals a vigor and imaginative spirit in its still relatively few practitioners, students, and observers in related fields. The literature on hypnosis today obviously comes for the most part from daring and unconventional men. For the fact is that today's efforts in the field are still pioneering efforts. The orthodox, the respectable, the tested and fairly successful methods of medicine and psychology continue to attract permanently the great majority of young people contemplating lucrative careers in those fields; and the long-established methods appeal equally to most laymen seeking medical and psychiatric treatment.

New Titles and Classics

THE very titles of some of the new books on hypnosis or re-issues of classic titles long out of print which have appeared in the recent past should therefore communicate to both layman and scientist something of the healthy stirrings within this area. These books include *Hypnotism: Its History, Practice and Therapy*, by J. Milne Bramwell; *New Concepts of Hypnosis-Theories, Techniques and Practical Applications*, by Bernard C. Gindes; *The Uses of Hypnosis in Psychopathia Sexualis, with Especial Reference to Contrary Sexual Instinct*, by A. von Schrenck-Notzing; *Hypnodynamic Psychology: An Integrative Approach to the Behavior Sciences*, edited by Milton V. Kline; *Hypnotherapy in Clinical Psychiatry*, by Harold Rosen; *The Fundamental Principles of Hypnosis*, by Stanley L. Krebs; *and Hypnosis in Medicine and Surgery* (originally titled *Mesmerism in India*), by James Esdaille.

One of the new books that will impress the general reader fully as much as it will hold the attention of most general practitioners is *Hypnosis in Health and Sickness*, by the British psychiatrist Gordon Ambrose, and George Newbold, a London gynecologist and surgeon. Both men have written extensively on medical hypnosis in the past, and they speak with an authority which cannot be questioned. Hypnosis, they point out, is often used with great effectiveness in the treatment of a variety of emotional disturbances, in epilepsy, stammering and eneuresis among children, in numerous disorders of women, including those related to the menopause, in childbirth, in dentistry, obesity, excessive smoking, homosexuality and alcoholism. This highly readable study also includes a brief history of hypnosis and a discussion of the nature of hypnosis, documented with case histories.

Despite their great claims for hypnosis in the treatment of disease Ambrose and Newbold grant that the true nature of the hypnotic trance still eludes the most painstaking investigators. However, their definition of hypnosis, based on the very considerable body of fact which has been accumulated by serious students since the days of Mesmer, Charcot and many others, is a reasonable and helpful starting point for any person first approaching the subject. Hypnosis, they say, "is an artificially induced state characterized by a heightened suggestibility. The hypnotized person appears to be conscious of his surroundings, but is in a state of 'fascination.' He is not asleep or unconscious; he understands and appreciates his surroundings, knows who he is and where he is; but is relaxed, deliciously sleepy, heavy in his limbs and altogether calm, comfortable and relaxed."

The hypnotized person is placed in this state by a medical practitioner or other person skilled in the use of the simple gestures, words or other devices long known to the profession which produce the trance in a short time—sometimes two or three minutes—in perhaps ninety per cent of those who submit to this treatment. But the hypnotist does more than this; he also establishes a *rapport*, a sympathetic relationship with his patient, and, indeed, he joins his patient, in a sense, in facing and overcoming the problems that patient had hitherto faced alone. Ambrose and Newbold emphasize that a patient never gives up his will to the hypnotist, as so-called science fiction and psychological fiction and vaudeville performances and too many movies have erroneously convinced too many people.

A person in the hypnotic trance does not suffer a weakening of will power, but rather a great strengthening of the will, and it is this new strength, this hidden energy, which the hypnotist attempts to bring forth so that it can be utilized to combat the functional or organic disease from which the patient is suffering. Nothing supernatural is claimed here by the reputable practitioner. The most conservative medical men and other scientists grant that the energy potential within most people is vast, that most of it is unused, that even the small fraction most of us do use in normal activity is frequently reduced by stress, by anxiety, by the multitude of other pressures of daily living.

Freud and Hypnosis

SUCH therapy and claims inevitably bring up the subject of the "unconscious," and that of course instantly suggests the name of Sigmund Freud, who is often called the discoverer of the unconscious

Ambrose and Newbold acknowledge without reservation the immense contribution of Freud to an understanding of human behavior. Similarly, Dr. Milton V. Kline, in *Freud and Hypnosis*, a work often highly critical of Freud's ultimately negative attitude toward hypnosis and final abandonment of it in psychotherapy, notes graciously that "no single person has influenced the development of the psychological sciences as he has." But then Dr. Kline goes on to point out that Freudian analysts and psychologists to this day continue to reject hypnosis as an aid in their clinical practice and in their research. This attitude, this rejection, he insists, stems from emotional rather than from serious investigation and experiment; and it is Freud himself, even today, years after his death, who is responsible for this inflexible attitude on the part of followers who reject hypnosis solely because Freud, the master, rejected it. Kline says this attitude persists even though it has never been clear why Freud rejected hypnosis, whether he was justified scientifically in doing so, whether conditions have changed since Freud abandoned it. Kline also speaks with repressed annoyance of this "authority figure," of a Freud whom his modern students and worshippers regard with such emotion, while Ambrose and Newbold, equally annoyed, speak of Freud the "father figure" who rejected hypnosis and passed on this attitude to psychoanalysts today, who also reject it, and reject it with an intensity which comes from worship of Freudian dogma *in toto* rather than from scientific zeal. Ambrose and Newbold suggest that Freud was a poor technician who didn't know how to use hypnosis properly.

Freudian analysis has been valuable in the past but the pressures of present-day living, not to speak of the economics of survival today, would seem to put on the defensive analytic treatment or any other form of psychotherapy which requires a thousand sessions or so in a period of three to six years. Thanks to the work of Drs. J. A. Hadfield and William Brown, who continued where Freud left off, by combining hypnosis and analysis, we now have effective hypnoanalytic treatment achieved in a few months rather than the years required by orthodox Freudian methods. When Freud abandoned hypnosis he regarded it as "transference," a state in which the emotional patient transfers his attitude to the analyst. But Hadfield, according to Ambrose and Newbold, showed that hypnosis could probe deeply into the unconscious, could make the patient relive experiences, including the experience of birth itself sometimes, could break down the resistance of numerous complexes and repressions and—with the

patient still under hypnosis—could with "suggestion treatment" help readjust the patient, with his newly released memories and resultant new energies, to a revitalized life.

Here, then, is some explanation of the anger and controversy and supersensitivity within the ranks of two great groups of scientists who make proud claims in healing some mental ills and in relieving men of tension and stress. The history-minded reader studying it perceives in it a familiar pattern: the struggling rebel and upstart science of not so long ago, now rich and respectable and not so rebellious or enterprising, refusing to accept or listen to publicly or even confer with the vigorous and quite enterprising companion abandoned long ago but now strangely grown up and attracting more and more attention, even in important places. The objective layman, not emotionally involved in these controversies, interested solely in effective therapy, scientifically proven therapy, whatever its source, must sometimes regard Freudianism and hypnosis in this manner.

What did Freud say about hypnosis? Did he think it useful? At one time, early in his career, he went to Nancy, France, to observe and study the work of the celebrated Professor H. Bernheim of the Faculty of Medicine there. He was deeply impressed as Bernheim demonstrated with apparently startling success the efficacy of post-hypnotic suggestion. Joseph Wortis, in his book, *Fragments of an Analysis with Freud* (Simon and Schuster, 1954), tells how Freud recalled for him in minute detail those Bernheim experiments at Nancy, and he also quotes Freud as crediting hypnosis as the phenomenon which for him indicated the existence of the unconscious. "There has to this day," Freud continued to Wortis, "never been a better demonstration of the existence of the unconscious than the phenomenon of hypnosis. When philosophers talk about the impossibility of the unconscious, one can only advise them to witness a hypnosis; but people don't want to be shown—that is the way human beings are."

Epochal Studies Re-Issued

IN AN early book Freud wrote with Joseph Breuer, *Studies in Hysteria*, first issued in 1895 and now re-issued in the attractive Beacon Press Paperback Series, it is easy to discern as we study the striking cases these two friends and medical colleagues worked on that it was Breuer, not Freud, who was more concerned with the hypnotic state, who was puzzled by it, who wanted to know more about it, who observed particularly the different effects of hypnosis upon the normal

nd upon the sick. As for Freud, he tells us in his chapter, entitled "The Psychotherapy of Hysteria," that in treating patients he found t difficult to use hypnosis to "broaden consciousness" because some persons could be hypnotized and others could not, and for reasons he could not explain, just as he could not explain why some persons refused to submit to hypnosis. He therefore abandoned hypnosis and went on to other methods. True, they turned out to be methods which have revolutionized human thought, but even so, those methods do not negate the validity of hypnosis. The discovery of the anesthetic properties of chloroform and ether revolutionized medicine and surgery, but even those very great contributions do not negate the great value of hypnosis in surgery. Only last June, at the annual meeting of the American Medical Association in San Francisco, Dr. Milton J. Marmer of the University of California reported his successful use of hypnosis as the sole anesthetic in heart surgery on two teen-age children. Hypnosis was actually preferred in these cases of major surgery in order "to avoid the depressant effects of anesthetic drugs and to attempt to eliminate unconsciousness while the patient was on the heart-lung machine." Post-hypnotic suggestion was used on both patients, the surgeon further reported, prior to and during the operations. There was complete absence of pain during the post-operative period as well as in the course of the surgery. Both patients were discharged in good condition, one after twenty days and the other child in thirty days.

The controversies regarding hypnosis can be better evaluated within the context of the history of hypnosis. It is after a reading of this history that the present antagonism or studied silence of the Freudians toward hypnosis becomes one of those important and yet routine vicissitudes which recur in the long story of this expanding science which continues to promise so much. J. Albert Moll's *The Study of Hypnosis*, first published in Germany in 1889 and re-issued five times before it went out of print, has now been brought out again with a new introduction by Dr. J. H. Conn of the Johns Hopkins Medical School. Dr. Conn reveals a great awareness of modern trends in psychotherapy when he points out that Moll's old book is still a very modern one because it remains "a corrective historical experience for a new generation of students of hypnosis."

Moll was one of the scientists who insisted on separating the fuzzy and the supernatural and the theatrical from hypnosis, and for this service he is still regarded as one of the great nineteenth century fig-

ures who re-established hypnosis as a science based on fact stemming from exhaustive research.

The opening chapter of Moll's book, devoted to the history of hypnotism, has validity today. "In order to understand the gradual development of modern hypnotism," he begins, "we must distinguish two points: first, that there are human beings who can exercise a personal influence over others, either by direct contact or even from a distance; and, second, the fact that particular psychical states can be induced in human beings by certain physical processes." Moll devotes other sections of his book to a discussion of various phenomena related in one way or another to hypnotism and to the great figures in its history who have experimented with them. Thus, he speaks of Jean Martin Charcot and Freud and Bernheim, of Paracelsus and August Forel and Baron von Krafft-Ebing, of sleep, dreams, somnambulism, the medical and legal aspects of hypnosis, animal magnetism, clairvoyance, transference, and telepathy. The result is an absorbing encyclopedic treatise by a scientist who always asks for proof, for the stubborn facts on which hypnosis, like all other branches of science, must rest—and yet, he also says, "The most elementary processes are inexplicable wherever we look . . . Dreams, as well as hypnotism, might be called an extravagant fancy, if they did not happen every day. In spite of the progress which the exact sciences have made, we must not for a moment forget that the inner connection between the body and the mental processes is utterly unknown to us."

Chloroform and Spiritualism

THERE are important parallels between hypnotism today, when it is achieving more and more acceptance, and the state of hypnotism during the early part of the nineteenth century, when it was an accepted part of medicine in most countries of Europe. But, then in 1848, the effectiveness of chloroform as an anesthetic in surgery was discovered, an event which for most laymen immediately antiquated hypnosis. For hypnosis to the layman in those days offered the great hope of painless surgery; and, in fact, as we look back it seems almost certain that if the discovery of the anesthetic qualities of chloroform and ether had been deferred only a few years, hypnotism might well have gained ascendancy over them in surgery.

Another important event in the history of hypnosis occurred about the same time and that was the new interest in spiritualism. As William McDougall pointed out more than fifty years ago, this interest

n spiritualism, with all its abuses, and the charlatanism that accompanies such nebulous ideas and movements, involved hypnosis "in a mass of fraud and superstition, and, for the popular mind, drove it back to the region of the marvelous, the supernatural and the dangerous; made it, in fact, once more a branch of the black art."

These words of William McDougall, one of the great figures of twentieth century psychology, a scholar who has made enduring contributions to the sciences of human behavior, should warn and humble the men who today work so tirelessly to re-establish and reinvigorate hypnosis as an important aid in combating disease and sorcery and superstition and ignorance. It is worth recalling here that Valentine Greatrakes of County Waterford, Ireland, born in 1628, excited the admiration of so great a scientist as Robert Boyle by claims of remarkable cures of disease which brought patients to him from all parts of the world. Here was an opportunity to study the hypnosis which Greatrakes undoubtedly used in some degree. But then, as many times later, the science and the fact imbedded within the superstition and the unknown were degraded and held up to popular obloquy and finally shunned by the very people they might have aided.

Today a surgeon of repute reports to admiring colleagues of the leading American assemblage of medical men that he has achieved superior results in the most delicate heart surgery, using only hypnosis as his anesthetic and post-hypnotic suggestion in pre-operative and post-operative care, and once more people feel, as many did in Robert Boyle's day three centuries earlier, that here is a science and an art that can free man from a thousand ills. Without doubt it ultimately will, but its most important contributions can be long deferred, as they have been in the past, unless the greatest vigilance is exercised against the imposters who subvert it and unless its proponents carry the message of its promise to the lay population as well as to the small groups of scientists who carry on their still lonely work with only the vaguest hope, even now, of the popular acclaim to which other scientists can look forward. The men and women who today work on hypnosis in laboratories, in clinics, in professional societies, must have the attention and enthusiasm of more and more laymen to insure uninterrupted research in hypnosis and wider acceptance of its proven benefits. The steady flow of literature of quality on hypnosis by men and organizations of unquestioned integrity is the most encouraging indication that we are entering a rich and memorable era in the history of hypnosis.

The hypnotic master and his hapless victim thrilled and chilled Victorian matinee audiences. Is the surviving legend justified?

SVENGALI REVISITED

S. David Kahn

IN 1894, George Du Maurier, at the age of 58, published *Trilby,* his second novel. Du Maurier had already achieved both popularity and repute as a satirist of the Victorians as a frequent contributor and topical cartoonist for the British magazine of humor, *Punch.* His first novel, *Peter Ibbetson,* had spread his work before a larger audience two years previously. The public response to *Trilby,* however, passed beyond the confines of his literary devotées. In the words of his son, Sir Gerald, "The result was extravagant. People went Trilby mad, again as always in America, and it got on people's nerves, especially my father's who knew his world and what success, too much success, spells, especially among one's fellow craftsmen and oldest friends." The book was quickly turned into a play by the best known English actor-producer of the day, Sir Herbert Beerbohm Tree, and captured audiences on two continents. Two years later, Du Maurier was dead.

Like many spectacularly successful literary works whose contemporary fame soon evaporates into the obscurity of the specialist's library, *Trilby* is today a book few have ever actually read. It has

left a curious residue nonetheless, for the name "Svengali" has imbedded itself into the very language of our day. Its very sound works strange pictures in the minds of many who have heard neither of the author, book, or even the Victorians. It evokes a notion of power, evil, and the agency by which one succumbs in helplessness before the hypnotic will of another.

Trilby O'Ferrall

LET us for a moment scan the skeleton of the story's plot before we inquire into this peculiar legacy of Du Maurier. The bulk of the work describes the adventures of three young English artists, The Laird, Taffy, and Little Billee, during a sojourn in the Parisian Latin Quarter of the 1830's. Here the charm of Paris is conveyed to the reader, and a number of rather fine vignettes are interspersed, to be likened to those of Du Maurier's more famous contemporary, Charles Dickens. The story of Paris and The Life of the Artist is pervaded by the warmth and persuasiveness that recollections of one's more golden years give to literary reminiscences. And surely Du Maurier gained much personal pleasure from the writing, for this part of the book is in essence, if not detail, autobiographical. By the same token, its literary value is of questionable consequence. The heroes are actually rather dull, even at their imaginative best, playing pranks, youthfully overindulging in *vin de la maison*, or making heavy witticisms in an awkward French.

Among their friends is a young artist's model, Trilby O'Ferrall, who attaches herself to the trio as cook, housekeeper and liaison agent to the French shopkeepers. In the latter role, particularly, the English find her invaluable: "One saw at a glance that she was out of the common clever, simple, humorous, honest, brave, and kind, and accustomed to be genially welcomed wherever she went." With these homely virtues, one becomes impatient with the lethargic awakening of Little Billee's heart to love. Little Billee, "innocent of the world and its wicked ways" is described as "graceful, delicate and well-built," beloved for "his affectionate disposition, his lively and caressing ways" and for his genius as an artist. Little Billee pleads his love, and Trilby in her passion, agrees to marriage despite her awareness of the inappropriateness of a union between an Englishman and a grisette of questionable background.

Another visitor to the artist's studio is Svengali, whom the author introduces as "a tall and bony character between 30 and 45, well-

featured but sinister." As Du Maurier puts it: "He was very shabby and dirty, and wore a red beret and a large velveteen cloak. His thick, heavy, languid, lustreless black hair fell down behind his ears onto his shoulders in that musician-like way that is so offensive to the normal Englishman. He had bold, brilliant black eyes with long heavy lids, a thin sallow face, and a beard of burnt-up black which grew almost from his under eyelids, and over it his mustache, a shade lighter, fell in two long spiral twists."

Svengali, in the author's own words, "walked up and down the earth seeking whom he might cheat, betray, exploit, borrow money from, make brutal fun of, bully if he dared, cringe to if he must—man, woman, child or dog . . . He was about as bad as they make 'em." He was nonetheless eagerly tolerated by the trio because of his incredible brilliance as a master of music. To Trilby he, too, protests his affection, and shows his good intentions by successfully treating her migraine headaches by mesmerizing her. He also frequently induces her to sing, and ridicules her for being completely tone-deaf.

When Trilby accepts Little Billee's offer of marriage, his respectable English mother soon persuades Trilby, by appealing to her noble spirit, to disappear from Little Billee's life forever, for all agree that such a match would simply never do. Trilby disappears, and Little Billee falls into a brain fever induced by his loss, and lies abed many months. Five years pass, Billee becomes a renowned artist, but never loves again. Word finally reaches England of a singer—La Svengali—whose powers are so captivating and whose voice so magnificent, that the kings of Europe vie to pull her carriage by hand.

Predictably enough, this turns out to be Trilby, having undergone, as we learn, this metamorphosis by falling under the hypnotic spell of Svengali. Unless Svengali sits before her, she is unable to sing a single note in key. Svengali dies at their London opening, and Trilby recalls nothing of her five-year period as First Lady of the continent. She falls ill, and just before she dies she sings once again, after looking at a portrait of Svengali. Little Billee has a relapse of brain fever, and dies a death too sad, so the author tells us, to describe.

Beyond Satire

SO much for the story of Trilby. Clearly, Du Maurier has satirized by his extravagant melodrama the great Victorians, and with reasonable cleverness. Yet the book itself is not of sufficient consequence to have survived on this basis. What has caused its survival

as been a fragment of the whole, the strange story of Svengali and Trilby. This has become a part of our cultural heritage, and the tale as been so abstracted in its retelling as to assume the status of a myth -that of the release of noble powers through the submission to the vorkings of evil magic.

The legends of Faust and Pygmalion show interesting parallels to he myth, which has many modern variations, of a man or woman ransformed, while submitting himself or herself to the will of a tronger person or power. Before we try to account for the vitality of he Trilby myth, it is of interest to look more closely at the tale itself. Accepting the tale as a fictional account, we may speculate how it vould be possible for a tone-deaf woman to give the marvelous musi- al performances attributed to "La Svengali," as Trilby was then alled, if it were true. There are three possible ways in which, in heory, we might account for Trilby's virtuosity. The most obvious s that, under hypnotic suggesitons of Svengali, Trilby assumed a acility of song she did not normally possess. This is also the most nlikely.

A second possibility, that Svengali exerted a kind of telepathic con- rol over Trilby, is not quite so outrageous as it initially may appear. ndeed, the literature of mediumship includes that variety in which an llegedly discarnate entity assumes transient control of the physical ody of a living person, referred to as the medium, and uses it to com- nunicate. If a discarnate being can so operate, why not one carnate eing to another? Actually the theory of R. H. Thouless and B. P. Veisner, two British parapsychologists, to account for psi phenomena, a simple and attractive one and perhaps relevant here. They sug- ested that mind and body are separate entities, and that mind influ- nces brain cells directly, by psi. They explain telepathy by postu- ting that one mind may under certain circumstances influence the rain cells of another individual, to stimulate the pictures and thoughts nat are reported in the literature as spontaneous cases of telepathy.

A simple extension of this theory could account for the Trilby phe- omenon in which other cells of the brain, motor rather than sensory, ontrolling the muscles of the chest and larynx that are used in singing, ere influenced by psi. It would suggest then that Svengali's mind as transiently connected to Trilby's body, and that his knowledge of usic, added to her physical singing apparatus, might have created he striking musical phenomena described by Du Maurier. No actual ases at the present time clearly suggest that such a radical transforma-

tion can actually occur, so this intriguing theory still awaits evidence in its favor.

Trilby's Multiple Personality

THE most likely explanation for the phenomenon would cast it into the less obvious area of multiple personality. It is probable that Trilby was subject to dissociate states. Her five years as a supreme artist seemed to represent a part of her total personality, separated from her normal personality, which achieved a kind of psychic independence. Here then, the role of Svengali would become a facilitating one. Through hypnosis he would have been the agent by which latent powers were released, although not the creator of these powers. Trilby on her deathbed, revealingly recalls a childhood fantasy of becoming a great singer after she had seen, as a street urchin, the greatest *divas* in Europe pass in her carriage. Perhaps this wish found fulfillment through the instruction and encouragement of Svengali.

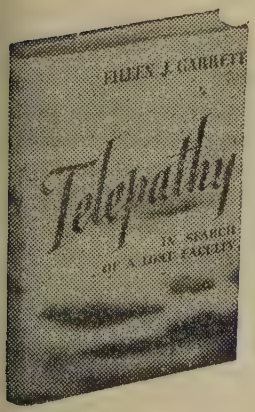
There is more than just a passing similarity to the subject of Corbett Thigpen and Harvey Cleckley's recent study, the *Three Faces of Eve* (New York, 1957), which many are familiar with through the book or recent movie. Here the psychiatrists repeatedly brought forth the latent personalities of Eve through hypnotic suggestion, much in the same fashion as Svengali may have elicited, from the simple grisette the singer who preferred carriages and kings to the poverty and insecurity of the Parisian Quartier. A careful reading of Du Maurier's book gives much incidental support to multiple personality as being the explanation of the phenomenon.

Each personality led a life of its own, marked by continuity and depth; they appeared to be mutually exclusive of one another; and the sources of the secondary personality can be found in the early wishful fantasies of the child, aided by the realistic training influence.

Svengali: Childhood Hero-Villain

A REVIEW of *Trilby* would not be complete without at least a word as to the significance of *Trilby*'s contemporary survival in its greatly distorted form in which the mythic structure of the story has been crystallized-out by the cultural ethos. It is, in this form, the tale of pure spirit (Trilby) submitting to the powerful one (Svengali) in return for the mysterious induction of superhuman powers. The most valid generalization that can be made about the myth is to say that it reflects some point universally found in the psychological deve

opment of every human being. In the early growth stages of a child, the parent is viewed as the omnipotent source of all rewards, rewards which are received by submission to parental restrictions. Later, the child learns more of the realities of life, and tends to consciously give up the idea of omnipotent sources of human help, replacing it with the idea of independent striving as the key to the fulfillment of pleasurable fantasy or conscious desires. So long as the unconscious retains its memory, however, of the world of childhood, tales of magicians, kings and Svengalis will be seized upon with peculiar satisfaction by even the most sophisticated, and given renewed life. What has persisted of *Trilby* is that part of the tale which is part of each of us; it is the memory of our own pasts which gives it vitality and universality.



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"DO-IT-YOURSELF" HYPNOSIS

Sherman Yellen

THOUSANDS of men and women respond every year to the lure of the mail order hypnosis course. Popular magazines carry paid advertisements which offer what they call "jealously guarded secrets" of the professional hypnotist for as little as one dollar, plus postage. They promise that "you can learn to hypnotize others with exclusive speed methods, revealed for the first time"; that "you are shown exactly what to say and do," and finally, that you will "enrich your future and shape your own destiny."

These flamboyant claims, reflecting a shrewd awareness of the appeal that hypnosis has for many people, exploit the human hunger for admiration and easy mastery over life. Naturally, reasons for responding to "do-it-yourself" hypnosis courses will vary with each individual's emotional needs and aspirations. Hypnosis may appeal to the actor said to be hidden within all of us. Indeed, for the great majority of men and women, the appeal of hypnosis is largely theatrical: they would like to learn an amusing party trick, and perhaps, imagining themselves in top hat, silk-lined cape and white gloves, see themselves as magicians bending others to their will, applauded by the multitude.

What those who send for the "do-it-yourself" hypnosis booklets receive for their money varies greatly. Mail order hypnosis courses range from glossy-covered, photo-illustrated booklets to dull, mimeographed leaflets. But despite the physical differences, there are certain common factors in all the home-study literature. All hold out the promise of a speedy and amazingly powerful skill which will alter the life of the student favorably. All suggest that there is a "secret technique" that needs little more than enthusiasm and good will to be mastered. All avoid any but superficial references to the dangers and difficulties that may confront the amateur.

Fortunately, for most of those who try such courses the danger is no greater than that to be found in the instruction leaflet of a washing machine manufacturer. Upon learning that a certain amount of time and effort is needed to acquire the techniques of hypnosis, many lose all interest. But for others, the promise of "mastery over life" is too alluring to relinquish without effort, and they will follow the instructions until they may have altered or twisted their own lives and the peace of those around them.

Svengali, with a Scrub Brush

HYPNOSIS holds a special attraction for the young. One leaflet, promising a "dynamic method of snap-finger hypnosis," is touching evidence of how hypnosis may appear to be a road to self-confidence, allure and social popularity.

The adolescent often believes that there is some simple secret to the mastery of life. The leaflet exploits the needs and fears, the hopes and dreams of the young. Upon opening it, one discovers the writer's promise that this hypnotic technique will make "you feel like a leader of men—which indeed you are. It is easy to acquire self-confidence and a compelling manner . . . people crowd around you . . . begging to be taught this amazing art."

But the snag in this paradise of popularity is immediately presented. One is advised that "to hypnotize with one word, one finger snap, however, cannot be mastered in a moment. Being the peak of the hypnotist's art, the amateur would do better by studying *Miracle Hypnotics* first." This is the title of another booklet printed by the same company, and offered at additional cost.

Nevertheless, this booklet does present its "snap finger" method. What it consists of are practical aids to grooming. ("Be well groomed, with finger-nails clean, shoes polished, and closely shaved. Try in

every way to look responsible and dignified, although show by action and expression genuine interest, respect, and courtesy.") Other tips include such exercises as creating a rapport cylinder. This is an imaginary cylindrical tube which the would-be hypnotist "connects" with the head of the subject, and through which he pours a "total feeling of agreement" between himself and his subject.

The leaflet, only eleven pages long, gives further advice on posture, grammar, and bodily care. Typical of its approach is its attention to such unique problems as applying "snap-finger" hypnosis as a counter measure to criminal assault. One is advised to apply the hypnotic technique of a sympathetic approach to the assailant, murmer a few sleep-inducing words and apply BOLOBAM (a special quick, knock-out trick of the author) and then, "smash your elbow against his chin . . . and flee for your life." Once again the adolescent's fear and dream of heroic action is exploited, and purely non-hypnotic techniques are suggested to back up the dubious "snap-finger."

Taken as a whole, such a booklet may do little harm. It will lead the would-be Svengali to a scrub brush and with its exercises for posture and breathing, help provide an outlet for the self-consciousness of youth. But the chances of its successfully creating a competent hypnotist are practically nil. And fortunately so. For hypnosis, as all who have worked seriously in the field agree, is not a proper study for the ignorant, the improperly trained or the emotionally unstable.

This point is well expressed in the American Medical Association's report on hypnosis. It states: "Teaching related to hypnosis should be under responsible medical and dental direction and integrated teaching programs should include not only the techniques of induction but the specific indications and limitations for its use within the specific area involved. Instruction limited to induction techniques alone should be discouraged."

The Bedside Manner

AMONG the most alluring of the booklets offered are those purporting to teach hypnotic techniques to be used upon sleeping subjects. Sleep is regarded as a relaxed state in which hypnotic suggestions may readily take effect. Thus the hypnotist's task is allegedly made easier, for he may now merely convert sleep into trance.

"Hear now the truth," proclaims one booklet devoted to sleep hypnosis, "it shall be a secret no longer." The truth, as it is presented

to us, consists of the *proper wording* to be used by the bedside hypnotist. Suggestion is the key. And to give the proper suggestions, one must again develop the soothing voice, and indulge in a little practical psychology. This is done by utilizing the fact that we respond most easily to a positive suggestion such as "You will be good," rather than the negative one, "You won't be bad."

One must attempt to contact the unsuspecting subconscious of the subject, doing so with discretion (i.e. never use terms of endearment, always use the proper name of the subject) and assuring the sleeper that he or she is "making up your own mind." One such case clearly illustrates the technique and its possible (and promised) results.

This is the case of Anna, the wayward daughter, who, refusing to listen to mother's cautioning advice, seems destined for a life of sin. Then mother, using sleep hypnotic suggestion, reforms Anna.

"Anna, you love your mother," the mother suggests to her sleeping daughter. Then, with subtle phrasing, mother suggests that Anna's plans for an outing with her immoral friends are not desirable. For two hours mother repeats her cautions, and the next day, Anna calls off the picnic, reforms, and with additional sleep suggestion, becomes a model young woman.

On the surface, such a miraculous technique for effecting good seems to contain few dangers. But the dangers here do not exist in what is done, but rather, in what is not done. Mother need never examine herself to see if she is in any way responsible for Anna's behavior; mother can avoid the costly bills of orthodox psychological counseling for Anna; she is, in fact, in total control of the situation. She may apply the same technique to a wayward husband with equal success. She may creep about the family bedrooms, making subliminal forays upon the wicked impulses of her sleeping family. Mother now knows how to use suggestion for influencing the minds of others.

But she is not a trained psychologist, and the fact that she can do as much harm as good with her new-found suggestion techniques is not explored by the booklet. For suggestion, the basis of hypnosis, should surely not be an implement for bolstering the influence of any one member of a family over others. By so doing, the reasons behind the actions of the family, the entire structure of inter-family relations, become more confused than ever. The untrained, limited practitioner may use such hypnotic techniques, but they are likely to disguise, rather than cure, the source of undesirable behavior.

Hypnotic suggestion is a valuable tool of psychotherapy, and therapy cannot be practiced by the unskilled and untrained and effect a lasting cure.

The Hollywood Touch

MOST hypnotic leaflets are merely parts of one course, consisting of three or more booklets covering varying areas of hypnosis. The productions of one Hollywood publisher are excellent examples of how truth and fiction are brought together; sensationalism and sobriety are kept hand in hand in the publications.

The introductory book has a front cover photograph of a wide-eyed beauty gazing langorously into a dazzling crystal ball. Within the book the woman appears modestly attired in "secretarial costume" undergoing a variety of tests in which needles, lights, etc., are used to prove the deep state of her hypnotic trance. It is in the *Advanced Techniques* booklet that the photographs seem those of a Hollywood starlet, gowned in low-cut evening dress, dramatically lit and later, given a change of costume (something that resembles the dress of a French apache dancer) we see her falling rigidly into the waiting arms of the hypnotist. Although this booklet, as do all hypnosis booklets, insists that no moral crimes can be committed against the hypnotized subjects, the implications of the photographs contradict this high moral tone.

The text adequately provides instructions in hypnotic techniques (establishing proper rapport between subject and hypnotist, proper wording for inducing trance), though occasional reference is made to such objects as discs and crystal balls which are sold by the publisher as aids in inducing trance. Here, as elsewhere, the danger of the pamphlet is not so much in what is stated, but in what is not stated. This booklet sensibly decries the use of hypnosis in areas where professional guidance is needed—but proceeds to impart, in six brief pages, the methods of using hypnosis in the treatment of alcoholism, stuttering, inferiority complexes, excessive smoking, nail-biting and other human habits and ills. A typical area in which the book misses the entire meaning of modern hypnosis is in its "ethical" doctrine. The student is advised to assure the subject that he (the subject) will have complete control at all times over his behavior. The author admits that this is an untruth, but insists that this is the only way in which the greatest barrier to hypnosis (the fear of exposure) can be overcome. This untruth is compared to the physician's "white lie

of prescribing bread pills for the imaginary ailments of hypochondriac patients.

The book assumes that the amateur hypnotist is qualified to make the same ethical distinctions and decisions as the trained physician. But the physician who undergoes a rigid program of training cannot be linked with the home-grown hypnotist who has been instructed in ethics in a brief paragraph of a popular paper book which vaguely states that he should "understand psychology," be courteous and scrupulously moral. But far more dangerous than the moral damage that the amateur hypnotist may create is the damage to the health of one who seeks cure for illness through hypnosis. The skilled professional may effect radical relief of symptomatic illness. But the amateur, lacking medical and psychological training, may merely be giving a temporary sedative which eases pain without effecting a cure.

Amateur, Beware!

A well-known woman, who has worked for many years in areas related to hypnosis, tells of the case of two young men in the Air Force who had been hypnotized and told that they had exchanged identities. The hypnotist, a professional by trade, but an amateur in ethics, woke the young men from their hypnotic trance and forgot the suggestion that he had given them. Thus, Dick landed in the wrong company, and Tom found himself stranded miles from his unit, absent without leave.

Illustrating the power of suggestion, when used with the best of intentions, the lady relates her own experience, in which she "suggested" to an overwrought woman that she return home and take a warm bath. The woman did so, but forgot to remove her clothes.

These may seem amusing incidents, but they indicate how powerful hypnotic suggestion may be, and how little we still know of its possible effects. The do-it-yourself hypnosis courses ignore the complexities of the power of suggestion, and thus ignore the real dangers.

Those who wish to amaze their friends at parties are far better off mastering a difficult card trick or the intricate steps of a current dance. Those who wish to solve their family and personal problems have psychological counseling available to them. Those who wish to master hypnosis, for the legitimate uses of medicine and psychology, can refer to reputable schools where qualified applicants learn the practice and purpose of this ancient power.

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Few criminal cases involve hypnosis; United States law does not regulate its use, but existing laws cover most possibilities

HYPNOSIS AND U.S. LAW

Morris Ernst and Morton Goldberg

IN New York City in 1950, a man named Camilio Leyra was suspected of the murder of his parents. At the police station he underwent a few days of intensive questioning and then was "treated" by a State-employed psychiatrist at the station. In the words of the United States Supreme Court four years later, "the psychiatrist by subtle and suggestive questions simply continued the police effort of the past days and nights to induce (the accused) to admit his guilt."

The highest court of New York State held that Leyra's confession to the psychiatrist was clearly the result of mental coercion, that Leyra had consequently been deprived of the protection of due process of law when the confession was used against him at his trial for his parents' murder. But the United States Supreme Court went even further and said that the taint which infected the confession made to the psychiatrist also contaminated subsequent confessions which Leyra made to others within a few hours after the "psychiatric treatments." The decision handed down by the Supreme Court describes the use of hypnotism in securing the confessions:

"Dr. Helfand . . . was a psychiatrist with considerable knowledge of hypnosis . . . For an hour and a half or more the techniques of a highly trained psychiatrist were used to break petitioner's will in order to get him to say he had murdered his parents. Time and time and

time again the psychiatrist told petitioner how much he wanted to and could help him, how bad it would be for petitioner if he did not confess, and how much better he would feel, and how much lighter and easier it would be on him if he would just unbosom himself to the doctor. Yet the doctor was at that very time the paid representative of the state whose prosecuting officials were listening in on every threat made and every promise of leniency given . . .

"The petitioner's answers indicate a mind dazed and bewildered. Time after time the petitioner complained about how tired and how sleepy he was and how he could not think. On occasion after occasion the doctor told petitioner either to open his eyes or to shut his eyes. Apparently many of petitioner's answers were barely audible. On occasions the doctor informed petitioner that his lips were moving but no sound could be heard. Many times petitioner was asked to speak louder. As time went on, the record indicates that petitioner began to accept suggestions of the psychiatrist. For instance, Dr. Helfand suggested that petitioner had hit his parents with a hammer and after some minutes petitioner agreed that must have been the weapon.

"Finally, after an hour and a half or longer, petitioner, encouraged by the doctor's assurances that he had done no moral wrong and would be let off easily, called for Captain Meenahan. The captain immediately appeared. It was then that the confession was given to him which was admitted against petitioner in this trial . . .

"First, an already physically and emotionally exhausted suspect's ability to resist interrogation was broken to almost trance-like submission by use of the arts of a highly skilled psychiatrist. Then the confession petitioner began making to the psychiatrist was filled in and perfected by additional statements given in rapid succession to a police officer, a trusted friend, and two state prosecutors. We hold that use of confessions extracted in such a manner from a lone defendant unprotected by counsel is not consistent with due process of law as required by our Constitution."

Leyra's conviction was thus reversed by the Supreme Court.

The Laggard Pace of the Law

BUT THE USE of hypnotism to induce a confession from Camilio Leyra represents merely one example of the possible problems in the relationship of hypnotism and the law. Sociologists use the term "cultural lag" to describe the gap between a scientific advance and

the adjustment by society to the implications of that advance. We would like to use this term to describe the gap between the progress in the body of knowledge about hypnotism and the laggard pace of the law in adjusting to that progress.

What are the rights and responsibilities of the hypnotist, of the hypnotic subject, and of the public? It is the job of the law to define and enforce these rights and responsibilities, but the law of the United States so far has not come to grips with the problem. We shall outline the legal problems which are presented and, where possible, suggest how cases arising through the use of hypnosis might be handled under present laws.

Broadly, the legal problems implicit in hypnotism are three: first, the civil responsibilities of the hypnotist and the regulation of his training and licensing; second, the protection of the rights of the hypnotized person; and third, the responsibilities of the hypnotized person to others.

I. The Hypnotist

THERE ARE many sober and sobering problems which must be confronted in the relationship between law and hypnosis. Most basic of course is, what is a "hypnotist"? Or "hypnosis"? Are hypnotists "doctors"? Are they "psychologists"? Are the schools which give professional training in hypnotism medical schools, schools in acting or schools in psychology?

To protect both the public and the ethical practitioner of hypnotism, it's obviously necessary that the legislatures of our states, with the help of the medical and psychological profesisons, answer these questions. The legislatures must provide guideposts for those of the public who seek hypnosis for therapeutic assistance—and even for those who volunteer from the theater audience to assist the matinee Mesmer.

Few states treat of hypnotism to any appreciable extent in their statutes; those that do at all have for the most part limited their discussion to provisions such as an indiscriminate licensing, along with seers and spiritualists, or a prohibition of the hypnotizing of minors. What is needed is the establishment by our legislatures of criteria for the licensing of training schools and for the licensing of the practitioners which such schools turn out.

Usually the practice of hypnosis, although largely unregulated, is not illegal, in itself. That is, a person who practices hypnosis on a friend at a party, a volunteer subject at a theatrical performance or

a client at a psychotherapist's office, usually is committing no offense by reason of the use of hypnosis. But what if the hypnotist goes beyond the area of harmless and law-abiding acts, and directs the subject to do away with his mother-in-law, for example, or to relieve the local bank of excess funds and bring them back to the hypnotist? In other words, what is the hypnotist's liability for criminal acts done by the subject, induced by the hypnotist?

Existing criminal jurisprudence includes the concept of "principal-and-accomplice." In the light of this doctrine, any criminal act performed by the subject under the will of the hypnotist would more than likely render the hypnotist criminally liable.

However, we may ask, what if the hypnotist does not direct the subject to perform a specific criminal act but merely imparts a general suggestion which leads to criminal behavior? This circumstance would no doubt pose a greater problem than the previous one. Something of this sort would be much more difficult to prove in court. For example, if the hypnotist merely strengthens an existing desire of the subject to commit a criminal act, or purposely diminishes his fear or respect for a law, and the subject commits a crime, to what extent would the hypnotist be held liable for the subject's criminal conduct?

WITHOUT TAKING the reader on a long safari through the jungles of jurisprudence, we suggest that the answer to the last question would be based on "criminal intent," that is, a reasonable presumption of the causal relationship involved. If the hypnotist *intended* the subject to commit a crime and the subject did so by reason of his influence, the hypnotist should be held responsible.

But what of the more poorly defined situation, in which the suggestion implanted *may or may not* be that which produced the criminal act, for example—"Your mother-in-law is a cantankerous old woman, and it would be small loss—she's on her last legs and will probably die soon anyway"? Here, the law should presume the existence of the hypnotist's intent if it is apparent that the hypnotist recognized a "clear and present danger" existing that the subject might commit a criminal act, and the hypnotist nonetheless implanted the suggestion for the crime. Such a rule should be very strictly construed, however, for no hypnotist—any more than any psychiatrist—should be held responsible for all anti-social actions of his subjects or patients.

If we may use our example of the mother-in-law once more, abused symbol that she is, what if the subject merely pokes her in the nose,

although still under the influence of the hypnotist? Could the mother-in-law sue the hypnotist and collect damages? In other areas of the law, the doctrines of "master-and-servant" and "principal-and-agent" have evolved to fix responsibility for the actions of others upon persons, such as employers, who engineer such actions. We suggest that hypnotists should likewise be held for criminal actions of their subjects which can be proven to be directly motivated by hypnotic or post-hypnotic suggestions.

Perhaps the hypnotist might also be held liable to third persons for false representations (suggested by the hypnotist) to them by the hypnotic subject (for example, the pauper who secures a loan by stating that he has a well-paying job). If the subject executes a will under the "undue influence" of the hypnotist, leaving the subject's property to him, the deprived heirs can have the will invalidated.

IN ADDITION to the hypnotist's criminal liability and his responsibility to third persons, there is also of course his responsibility to his subjects. While under the hypnotic or post-hypnotic spell, the subject may physically or psychologically injure himself. For example, he may wound himself or subject himself to an embarrassing physical or verbal exhibition.

Some of the injuries may of course be completely unrelated to the hypnotic state; others may be the direct consequence of it. Query: should the hypnotist be held liable for the masochistic injuries which a subject inflicts upon himself when his instinct for self-preservation has been sedated by the hypnotist? And what about the injuries which the subject might inflict upon himself at the hypnotist's behest, even though the subject's behavior runs counter to his own "will"? Perhaps the hypnotist should not be held liable in these instances if the subject could reasonably have foreseen these injuries and nonetheless has willingly submitted to being hypnotized.

II. The Rights of the Hypnotized Person

THIS IS perhaps the area in which hypnotism poses the most fundamental legal problems. With the advance of science we now experience invasion of the person by means of the lie detector, stomach pump, truth serum and assorted other medical and psychological ingenuities. Yet it is a postulate of our system of jurisprudence that man has dignity and that his mind must remain inviolate, free of incursion to which he does not willingly submit.

Our courts have held that the United States Constitution prohibits the forced extraction of a confession from an accused person and the use of that confession to convict him. The use of hypnotism in such a procedure, as indicated by our discussion of the Leyra case, is an obvious danger to civil liberties. In fact, if the protection of "due process" is to mean anything, our courts must refuse to admit as evidence not only confessions obtained by hypnosis but also information obtained by law enforcement officers who follow up leads derived from hypnotic interviews of the accused.

It is conceivable that an accused person, or even a mere witness, may be under hypnotic influence while testifying in court. Any such testimony, if it is at all the product of such influence, must of course be rejected by the court. It is improper for an attorney to mislead a witness while the witness is testifying; and the legal effect should certainly be no different where the witness is misled, or led, before or during the trial, by the influence of a hypnotist. The situation is similar to that where the witness' testimony is affected by obvious intoxication, in which case the testimony must be rejected. The analogy is even closer to that of "insanity" of the witness. The insanity of the witness may prevent him from giving reliable testimony, in which case a psychiatrist should be permitted to testify to impeach the credibility of the witness.

III. The Responsibility of the Hypnotized Person

THE PROBLEM here is whether a hypnotized person can be considered to have the volition and intent necessary to hold him liable if he punches someone in the nose, for example, or signs a contract to buy a house or executes a will leaving everything to his worst enemy. In each of these cases the law usually requires that to be held responsible for any of these actions the person must have been "sane" (whatever that means) and must not have signed the contract or executed the will while under duress or the "undue influence" of some other person.

There is a division of opinion among the experts as to whether a person can be hypnotized against his will. There seems to be an increasing majority, however, who say that any person may be hypnotically influenced if the hypnotist persists and the suggestion is framed in terms of a false premise.

If a person cannot be hypnotized against his will, then the traditional legal doctrines may well be applicable, in which case any injury

inflicted by the "hypnotized" person and any contract signed by him would bring about the usual consequences: he would be liable for damages to the person injured, and would be required to fulfill his part of the contract.

If, on the other hand, a person may be hypnotized against his will, as some experts believe, should the hypnotic subject be liable for the injuries, be required to uphold his end of the contract and should his will be given full effect? We suggest that if it is true that one may be hypnotized against his will, any contracts and any wills which are executed during the hypnotic period should be deemed nullities and the subject should not be held responsible for his torts which are proven to stem from his being hypnotized—at least where the subject would not have committed the act but for being hypnotized, or where the document executed is to the unfair disadvantage of the subject.

AN INTERESTING example of the validity of such contracts has arisen only recently. While confined in a Siberian prison, during the last war, a German author, Heinrich Gerlach, wrote a novel, *The Betrayed Army,* which was confiscated by his captors. Upon his release he was unable to reconstruct the work until he enlisted the aid of a hypnotist. This man put the author in a hypnotic trance, which enabled the author to recall and dictate a major portion of the novel. When the book was later published, the hypnotist claimed that his written agreement with the patient obligated the latter to pay him a 20 per cent share of the royalties. The patient now claims that the contract is ineffective because he signed it while under the hypnotist's influence. If the author's hypnotic state prevented him from striking a fair bargain with the hypnotist, the alleged agreement should be nullified.

The analogy is close to the situation of insanity, where it may not be possible to detect the other party's defect of reason. An insane person may disavow a contract usually only where his condition was known to the other party involved and that person took advantage of the insanity to negotiate an unconscionable agreement. But if the sane party is unaware of his counterpart's mental state and acts in good faith, then he should not be compelled to give up his contract, especially where he has acted on it: for example, where he has moved into premises just leased to him by his unstable landlord. Thus, where the hypnotized person is not known by the fellow on the other side of the bargaining table to be in hypnotic trance or a post-hypnotic

state interfering with his judgment, the other fellow should be able to rely without fear on any just agreement made.

With regard to criminal responsibility, we again find precedent in the law dealing with insanity. Criminal jurisprudence has wrestled with the concept of "sanity" for some time. The so-called *M'Naghten* rule states that to establish the defense of insanity in a criminal prosecution, it must be proved that the accused was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing what was wrong. This rule has been the subject of controversy, but nonetheless is the rule which most of our courts follow today.

One of the alternative rules with respect to sanity, however, is the *Durham* rule, which states that the defense is established if it is proven that the accused was suffering from a diseased or defective mental condition when he committed the act and the act was the product of such mental abnormality. We suggest that the problem of the criminal responsibility of the hypnotic subject is sufficiently allied to the problem of the criminal responsibility of the "insane" that the two problems might well be considered together. This again is a question suitable for further exploration by courts and legislatures.

The Need for Protective Legislation

ADVANCES which have been made in the field of psychiatry and psychology are no different from changes in the history of other scientific areas. Advances in military strategy have been met with advances in counter-strategy. Advances in antibiotics have had to be met by the development of further antibiotics to attack the newly resistant mutants brought about by the earlier antibiotics.

Hypnotism, a scientific procedure which impinges directly upon the social and political behavior of man, should be set in its proper social context by means of new legislation. Meanwhile wherever possible, existing legal doctrines must be applied to the problems presented by hypnotism. Any laws that are formulated in the future, regulating hypnosis, must take fully into account the dangers inherent in that practice. However, the laws should also be so formulated that they do not restrict or unduly throttle the beneficial uses of hypnosis as practiced by responsible persons, which may hold the key to many of the dormant powers of man.

In England, a new law prohibits hypnosis as entertainment, but other uses and misuses are largely in the field of conjecture

HYPNOSIS AND ENGLISH LAW

Eric Cuddon

THE subject of hypnotism and English law can best be treated by answering six questions.

1) Under what circumstances could the practice of hypnotism result in a civil action against the hypnotist?

2) To what extent is hypnotism regulated by law in England?

3) What are the possibilities, theoretical and practical, of a hypnotist committing a crime against the person or interests of a hypnotized subject?

4) Can a person be induced to commit a crime by means of suggestions made to him during hypnosis?

5) Could an accused person successfully plead in his defense that a crime was executed in consequence of suggestions given in hypnosis?

6) Would it be permissible for a lawyer to employ hypnotic technique upon lay clients or witnesses either in conference or in court?

Definite answers can be given to questions 1, 2, and 6, but the remaining queries can be discussed only in the light of present knowledge and legal principle, since the points in question have not so far been raised in practice in English criminal courts. Let us consider the questions one by one.

In what circumstances could the practice of hypnotism result in a civil action against the hypnotist?

A hypnotist is on a par with professional men in that he is liable to an action for damages at common law if it is alleged by one of his clients that he has been guilty of *negligence* in the manner in which he conducted hypnosis, and damage to his hypnotic subject has resulted therefrom.

He is also liable to an action for damages for assault if in the course of the hypnosis he is guilty of a *physical act* upon the body of the hypnotic subject to which that subject did not in fact, or could not, have given consent.

Negligence and Proof

UPON AN issue of negligence, the chief difficulty facing a prospective plaintiff is the matter of *proof*. Since in most instances the plaintiff will have little or no knowledge of hypnotic technique, how can he say *in what way* the hypnotist was negligent? How will he be able to convince the court that the mental or physical condition of which he complains is the direct result of what has been suggested to him in hypnosis?

Only one such action has been tried in the English courts. The publicity which attached to it resulted in the passing of the Hypnotism Act of 1952. The case was that of *Rains-Bath vs. Slater*, heard at Lewes Assizes in March, 1952.

In December 1948, the plaintiff, Miss D. G. Rains-Bath, then 18 years old, had gone on the stage as a volunteer at a demonstration by Ralph Slater, an experienced professional hypnotist and entertainer, well known in the United States. Miss Rains-Bath alleged that Slater had at that time pulled her by the neck and told her she would be frightened because her mother was miles away, and would cry out, "Mummy, mummy!" She did this. Ten days after this incident, she said, she began to have fits of depression which became more frequent and of longer duration as time passed. Thirteen months later she began treatment with Dr. S. J. Van Pelt, a hypnotherapist, who is an active editor and writer on hypnosis. After a considerable period of treatment she was cured, she stated. She claimed damages for assault and negligence. Slater, however, had not been informed of the charges against him until eighteen months after her cure, nor had any suggestion that he was responsible for her depression been made until thirteen months after the stage performance.

Miss Rains-Bath was awarded £1000 damages for negligence and £25 damages for assault. The award of damages for negligence was later set aside by the Court of Appeal, to which Slater took the case.

The publicity created by the case, and in particular by the fact that the plaintiff was a minor at the time of the incident, spotlighted the possible dangers which might arise if volunteers submitted themselves as subjects on occasions of public demonstrations of hypnotism for entertainment; it was a major influence in the decision that such demonstrations should be subject to regulation by statute.

Entertainers and Therapists

HENCE the practice of hypnotism *is* now regulated by law—answering part of our second question—under the Hypnotism Act of 1952, passed by Parliament in August, 1952, and coming into force in April, 1953, the full text of which is appended to this article. But to what *extent* is it so regulated?

The act has virtually sounded the death knell for the music hall hypnotist in the United Kingdom—and few will mourn his passing. Public demonstrations of hypnotism for the purpose of entertainment are still legal, provided that prior official authorization has been obtained. But even if the requisite permission is secured, in every case it is an offense punishable with a fine not exceeding £50 to hypnotize any person under 21 years of age, unless the hypnotist had reasonable cause to believe that the person had attained that age.

Section 5 specifically permits the practice or the demonstration of hypnotism for scientific, research, or medical purposes. Thus in no way does it protect the public from some self-styled hypnotherapists who may have little or no experience of the intricacies of the human mind and who may, on occasion, do untold harm to their clients.

Section 6 gives a somewhat involved definition of hypnotism for the purposes of the act.

It would appear that a requisite for any conviction under the act would be evidence that the defendant had attempted the induction of sleep or trance; and further, that in so doing he intended that the mind of that person would be rendered more susceptible to suggestion or direction. No doubt if the first point were established, the intent would be readily inferred.

The first, and so far as I know the only, prosecution under this act was heard on April 28, 1954, before the Northampton Borough Magistrates. The proceedings arose out of a lecture and demonstration en-

titled "Hypnotism in Medicine and Education" delivered to the International League of Friendship in Northampton, on January 13, 1954, by a Mr. Douglas Watson.

In the course of the demonstration a young reporter for the *Northampton Chronicle and Echo*, aged 19, had been hypnotized. The charges of giving a demonstration of hypnotism in connection with an entertainment without permission and of hypnotizing a person under the age of 21 were both dismissed on the ground that the lecture and demonstration were *not* entertainment, but came within the provisions of Section 5, permitting demonstrations for scientific research or medical purposes.

The Subject as Victim

NOW we come to our third question: What are the possibilities, theoretical and practical, of a hypnotist committing a crime against the person or interests of a hypnotized subject?

Let us consider the crimes of rape, false pretenses and murder.

In each case it would be a prerequisite that the subject be capable of being deeply hypnotized, since he would otherwise be consciously aware of the suggestions made to him and the induction of hypnosis would thereby be rendered pointless. Since no cases in these categories have been tried in English courts, the following statements are based on my knowledge of existing laws and studies of the literature of experimental hypnotism, as well as my personal experience as a hypnotist for many years.

Available experimental evidence seems to suggest that, with a good hypnotic subject, it might be possible to commit an offense which would fall under the Sexual Offenses Act of 1956. This might be accomplished by impersonating the husband of the subject. Such an act would be legally defined and handled as an act of rape. In most cases, however, we may conjecture that the woman would not accept the suggestion that the hypnotist was her husband.

If the hypnotist took advantage of hypnosis to attempt a direct rape, without recourse to the subterfuge of impersonation, experimental evidence shows that the subject would almost certainly return to full consciousness at once.

On the other hand, if the subject previously had amorous feelings towards the hypnotist when normal and conscious, it would, I believe, be possible to increase the intensity of those feelings in hypnosis to the point at which consent to intercourse might be willingly given in

the normal state. However, if the subject were a highly virtuous person, such suggestion would almost certainly result in the termination of the hypnotic state, and the subsequent reluctance of the subject to submit to further hypnosis.

In this connection, it may be appropriate to mention the possibility of avoiding trance. A subject who remains inattentive, who laughs and jokes or who simply gets up and walks away from the hypnotist cannot be placed under hypnosis. This gives us the assurance that a person who wishes to avoid being hypnotized can easily do so by refusing to submit to the procedure and by directing his attention elsewhere.

Regarding false pretenses, a hypnotist might develop a plan such as the following. He could suggest that he had lent a sum of money to the subject and then require repayment. He could further suggest that the conviction of having so lent the money would persist after the hypnosis had terminated—otherwise the fraud would be apparent when the subject checked his next bank statement. The hypnotist might also suggest that the check in repayment of the alleged loan would be handed to him at a later date in the presence of witnesses, with the subject saying, "Here's your money back at last. Thanks for the loan."

In this instance, as with the other crimes enumerated, the hypnotist, in order to protect himself, would have to create a post-hypnotic suggestion that would erase the memory of the suggestions from the subject's mind. However, post-hypnotic suggestion has a way of wearing off, and it seems doubtful that all knowledge of the hypnotic session could be erased from the subject's mind for a long period of time.

Hit-or-Miss Murder

IT IS possible that, by a fiendishly ingenious post-hypnotic suggestion, a hypnotist could in effect murder his subject by causing his death to occur in circumstances which would appear to indicate suicide or accident.

The suggestions would, of course, have to be couched in a form acceptable to the subject. For instance, if the subject were fond of swimming and diving, it might be suggested that at a certain time the subject would find that whatever he was then standing upon would change into a diving board and some feet below it would appear a pool of inviting deep water—and that he would thereupon dive into the cool depths.

If this was suggested to occur at a time when the subject would be traveling home by bus or train, it is possible that the dive might be made under the wheels of the bus or train with fatal results.

Such methods, of course, would be of an extremely "hit or miss" variety. The subject might in fact be sitting in an armchair when he felt compelled to take a dive, and would fall no farther than the floor.

Again, the suggestions might not take effect at all; they certainly would not if the subject harbored any suspicion of the hypnotist, for, even when deeply hypnotized, subjects may refuse suggestions.

A simpler solution might be afforded in the case of a subject who was in a very depressed state and habitually taking sleeping tablets; in such an instance, suggestions to the effect that an overdose would do no harm but only result in an agreeably deep sleep, might easily be acted upon—again with fatal results.

While, therefore, it would be foolish to be dogmatic on this or any other issue concerning hypnosis, it does seem to me that the commission of a crime by a hypnotist in such circumstances, while improbable, ought not to be dismissed as impossible.

Our fourth question was: could a person be induced to commit a crime by means of suggestions made to him during hypnosis?

It is generally accepted that a hypnotized person will refuse any suggestion which is contrary to his moral sense. Hence the proposed subject must be a person who would be prepared to commit the envisaged crime in his normal state. Why then trouble to resort to hypnosis, if the subject would make a willing accomplice in his normal state? That is the short answer. Let us assume, however, that the hypnotist desires his complicity to be secret and decides to make a subject his criminal tool. There are serious practical obstacles in his path.

"Crime by Proxy"

WHEN A subject is executing an act while hypnotized, his whole attention is focused on it, and he is unresponsive to fortuitous sensory stimuli unless these originate from the hypnotist. Thus, the probability of the subject being detected in the act of committing the suggested crime is exceedingly high since he would be unaware, for example, that he was being observed by a third party. It will thus be seen that to attempt a crime by proxy through a subject actually in a state of hypnosis has little to recommend it.

The same criticism applies if the proposed crime is to be executed as a result of a post-hypnotic suggestion.

Although at the moment of committing the crime the subject may apparently be normal, yet the act itself is really of an automatic character and the subject in some cases, as in hypnosis, is consciously unaware of what he is doing. The risk of detection would thus be high because the subject might fail to take elementary precautions.

If the hypnotist had suggested certain precautions these would be taken by the subject, but, since the hypnotist could not foresee all the circumstances which might arise at the scene of the proposed crime, such precautions would probably fail to prove wholly effective.

It will be appreciated, therefore, that the practical difficulties which would beset the hypnotist in his attempts at vicarious crime are so great that the matter is one of theoretical interest only.

Could an accused person successfully plead in his defense that his crime was executed in consequence of suggestions given in hypnosis?

It is important to bear in mind, as we consider this fifth question, that crimes may be divided into two classes, according to whether or not guilty intent is present. On the one hand, such a simple offense as parking a car in a non-parking area falls into the first class, while false pretenses, which requires an "intent to defraud," is an example of the second class.

In the case of an offense falling within the first category, such a defense would be of no avail, although it could be advanced in mitigation of punishment.

If the offense charged were in the second class, then, provided the fact of hypnosis and the giving of suggestions could be proved to the satisfaction of the court or jury, the existence of guilty intent would be negated and the accused presumably acquitted.

The fact that the accused, in a state of hypnosis, had accepted the criminal suggestions would not, in my opinion, affect the position, since the law recognizes only the normal consciousness as the seat of criminal responsibility.

Hypnotic Amnesia

THE CHIEF difficulty would lie in the proof of such a defense. If the criminal hypnotist were competent, he would have taken the precaution of suggesting to the subject complete amnesia of all suggestions of his relating to the proposed crime and also that he had in fact been hypnotized.

However, as touched on previously, the accused might harbor a suspicion that he had been hypnotized, but he might be unable to give

any details in court of where, when, or by whom the hypnosis had been induced, or the precise nature of the alleged suggestions.

It is true that if the accused were again hypnotized by a second hypnotist, he would be able to recall full details, in that particular hypnosis, of what had previously been suggested to him by the criminal hypnotist. If during such subsequent hypnosis a specific suggestion were given that the details so recalled would not be forgotten at the termination of that hypnotic session, then the accused would be able to give the necessary evidence in the witness box.

However, this question in the main seems to be of theoretical interest only.

Spell-Binding Barristers

IS IT permissible for a lawyer to employ hypnotic technique upon lay clients or witnesses, either in conference or in court?

Please observe that I have advisedly used the term "hypnotic technique" and not "hypnosis," for in such an instance little purpose would be served if a witness were deeply hypnotized unless it were to revive in conference a more detailed memory of events as to which evidence was to be given in court. I would unhesitatingly condemn, as inimical to the obligations of counsel to the court, any attempt to influence by hypnotic suggestion the *nature* of any evidence which it was proposed or hoped that a witness would give to the court. In any event, it is contrary to professional etiquette in England for counsel to interview witnesses of fact, other than the lay client or experts, prior to their appearance in court. It is the province of the solicitor to obtain proof of evidence and to supply counsel with copies from which he is expected to examine the witness.

We are concerned here *not* with the induction of any state remotely resembling sleep, but with the laudable object that a witness may give his evidence clearly and thereby assist the court to arrive at the truth. If a witness should suffer from a severe attack of nerves as he enters the witness box, it may well be that this will prevent even the taking of the oath owing to a temporary loss of voice, or a fit of weeping in the case of a woman.

In such a case the use of hypnotic technique directed to calming the witness may quickly restore normality and thus save the time of the court. I can see nothing wrong in such a practice and it has in fact been so used several times in the English courts without adverse comment from the judge.

Text of

The British Hypnotism Act

Following is the text of the Hypnotism Act, passed by the Parliament of Great Britain, August 1, 1952, regulating the use of hypnotism for public entertainment.

An Act to regulate the demonstration of hypnotic phenomena for purposes of public entertainment.

BE it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Control of Demonstrations of Hypnotism at Places Licenced for Public Entertainment

1.—(1) Where under any enactment an authority in any area have power to grant licences for the regulation of places kept or ordinarily used for public dancing, singing, music or other public entertainment of the like kind, any power conferred by any enactment to attach conditions to any such licence shall include power to attach conditions regulating or prohibiting the giving of an exhibition, demonstration or performance of hypnotism on any person at the place to which the licence relates.

(2) In the application of this section to Scotland, for the reference to places kept or ordinarily used for public dancing, singing, music or other public entertainment of the like kind there shall be substituted a reference to theatres or other places of public amusement or public entertainment.

Control of Demonstrations of Hypnotism at Other Places

2.—(1) No person shall give an exhibition, demonstration or performance of hypnotism on any living person at or in connection with an entertainment to which the public are admitted, whether on payment or otherwise, at any place in relation to which such a licence as is mentioned in section one of this Act is not in force

unless the controlling authority have authorised that exhibition, demonstration or performance.

(2) Any authorisation under this section may be made subject to any conditions.

(3) If a person gives any exhibition, demonstration or performance of hypnotism in contravention of any conditions attached to an authorisation under this section, he shall be liable on summary conviction to a fine not exceeding fifty pounds.

(4) In this section, the expression "controlling authority" means—

(*a*) in relation to a place in any such area as is mentioned in section one of this Act, the authority having power to grant licences of the kind mentioned in that section in that area;

(*b*) in relation to a place in any other area in England, the council of the county borough, borough, or urban or rural district where the place is, and in relation to a place in any other area in Scotland, the council of the county or burgh where the place is.

Prohibition on Hypnotising Persons under Twenty-one

3. A person who gives an exhibition, demonstration or performance of hypnotism on a person who has not attained the age of twenty-one years at or in connection with an entertainment to which the public are admitted, whether on payment or otherwise, shall, unless he had reasonable cause to believe that that person had attained that age, be liable on summary conviction to a fine not exceeding fifty pounds.

Entry of Premises

4. Any police constable may enter any premises where any entertainment is held if he has reasonable cause to believe that any act is being or may be done in contravention of this Act.

Saving for Scientific Purposes

5. Nothing in this Act shall prevent the exhibition, demonstration or performance of hypnotism (otherwise than at or in connection with an entertainment) for scientific or research purposes or for the treatment of mental or physical disease.

Interpretation

6. In this Act, except where the context otherwise requires it, the following expression shall have the meaning hereby assigned to it, that is to say:—

"hypnotism" includes hypnotism, mesmerism and any similar act or process which produces or is intended to produce in any person any form of induced sleep or trance in which the susceptibility of the mind of that person to suggestion or direction is increased or intended to be increased but does not include hypnotism, mesmerism or any such similar act or process which is self-induced.

7.—(1) This Act may be cited as the Hypnotism Act, 1952.

(2) This Act shall not extend to Northern Ireland.

(3) This Act shall come into force on its first day of April, nineteen hundred and fifty-three.

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beyond psychiatry and neurology, into the causal factors of inheritance or disposition.

ATTEMPTS to explain the psychical factor on the level of instinct are not enough; observable psychological patterns based on the functioning of the glands, for instance, only bring us back to the place where we must get below the disturbance of the instinctual self, and accept the mystical conception of Soul.

An explanation or a comforting word which provides a sense of security may influence the patient's recovery more than all glandular secretions! We may say that the words themselves are mere vibrations disturbing the air, nevertheless, as is witnessed in healing, they can, as they convey a meaning, produce changes in the body.

We do not know what intangible threads and patterns work to create well-being within the patient, when other remedies have failed. But these unsuspected patterns of being may sometimes be revealed through the careful use of hypnosis. There are many well-informed patients who refuse both their doctor's and their clergyman's help, and set off in search of a more mystical explanation. The doctor is not called upon to give love and understanding; his professional conscience does not always demand it, though he may sense his patient's need. The clergy, or others in the domain of religious experience, often commence from an intellectual basis; for, though here are to be encountered great scholars and wise men who can speak of the meaning of life, many of them are unable to supply the personal touch which will give the patient what he seeks most—faith in himself, hope, and understanding on a sympathetic level.

THOSE achievements of human endeavor that bring healing are gifts of grace. They are neither taught nor learned, neither withheld nor earned. Nor are these gifts of understanding subject to human will and caprice. They are not "methods" to bring us close to the living experience of oneness with all.

There is a deep area, within the mystic self, which compels giving with one's whole being. Physician and psychotherapist alike are confronted with the need to find a liberating procedure for attacking the patient's problem. "Knowing thyself" may often be increased by cautious use of the hypnotic method, which, in the hands of the well-trained hypnotist, can supply a key opening the door to the inner self.

EILEEN J. GARRETT

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